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TRANSMITTAL LETTER

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-09/11/00--01078--005
*****87.50 *****87.50

SUBJECT: Direct Insurance Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: William T. Laurie
Name (Printed or typed)

18 N. Lake Street
Address

Crescent City, FL 32112-2618
City, State & Zip

(904)698-4100
Daytime Telephone number

F. CHESSER SEP 12 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DIRECT INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

101 N. Woodland Blvd., Suite 219
DeLand, FL 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance sales and service

ARTICLE IV SHARES

The number of shares of stock is:

ten (10)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

William T. Laurie - President - 18 N. Lake St. Crescent City, FL 32112-2618

Helen A. Laurie - Secretary/Treasurer - 18 N. Lake St. Crescent City, FL 32112-2618

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

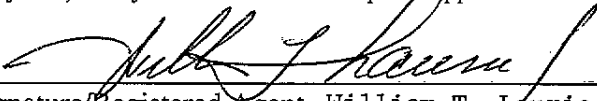
William T. Laurie
18 N. Lake Street
Crescent City, FL 32112-2618

ARTICLE VII INCORPORATOR

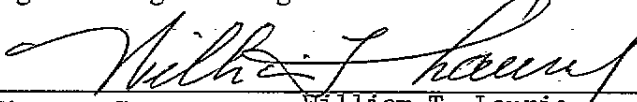
The name and address of the Incorporator is:

William T. Laurie
18 N. Lake Street
Crescent City, FL 32112-2618

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent William T. Laurie

9/7/00
Date


Signature/Incorporator William T. Laurie

9/7/00
Date

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TALLAHASSEE, FLORIDA