

P0000090318

Requester's Name

Address

City/State/Zip

Phone #

William Wade  
P.O. Box 1285  
Old Town, Florida 32680

300003381573--6  
-09/05/00--01082--001  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
00 SEP 25 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

W-22683

4/8

Examiner's Initials *aje*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 15, 2000

WILLIAM WADE  
P.O. BOX 1285  
OLD TOWN, FL 32680

SUBJECT: WADE'S INSURANCE AGENCY, INC.  
Ref. Number: W00000022683

We have received your document for WADE'S INSURANCE AGENCY, INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum  
Document Specialist

Letter Number: 800A00048947

**ARTICLES OF INCORPORATION,  
DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT OF  
WADE'S INSURANCE AGENCY, INC.  
A CORPORATION FOR PROFIT**

The undersigned incorporator of a Florida corporation for profit, hereby sets forth and shows:

1. The name of this corporation is WADE'S INSURANCE AGENCY, INC.
2. The street address of the initial principal office of the corporation is P.O. Box 1285, Old Town, Florida 32680, which is also the mailing address.

3. The Corporation is authorized to issue 100 shares of common stock.
4. There are no preemptive rights to be granted to any shareholder.
5. The initial director of the Corporation is:

William Wade            President/Director  
P.O. Box 1285  
Old Town, Florida 32680

6. The street address of the corporation's initial registered office is the Corner of U.S. Highway 19 and County Road 349, Old Town, Florida 32680, and the name of the initial registered agent is William Wade. By virtue of his execution of this instrument as an incorporator, William Wade, also accepts in writing the appointment as registered agent and states that he is familiar with and accepts the obligations of that position, corporate registered agent, under Florida law and that he will faithfully perform such duties.

7. The name and address of the sole incorporator of the Corporation is William Wade, P.O. Box 1285, Old Town, Florida 32680.

**IN WITNESS WHEREOF**, I hereby execute the foregoing instrument as Incorporator and initial registered agent of WADE'S INSURANCE AGENCY, INC.

  
\_\_\_\_\_  
William Wade  
Incorporator and Registered Agent

**STATE OF FLORIDA  
COUNTY OF DIXIE**

**ACKNOWLEDGED** before me by William Wade, known to me to be the person described herein, for the purposes as set forth herein, this 22<sup>nd</sup> day of September, 2000.

NOTARY PUBLIC - STATE OF FLORIDA  
SUNSHINE D. BAYNARD  
COMMISSION # CC884625  
EXPIRES 9/30/2001  
BONDED THRU ASA 1-888-NOTARY1

  
\_\_\_\_\_  
NOTARY PUBLIC

**FILED**  
00 SEP 25 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA