

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

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-04/26/01--01065--004

*****78.75 *****78.75

SUBJECT: NATIONAL INDEPENDENT INSURANCE Agency
(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: JOSEPH SHELONITH
Name (Printed or typed)

13200 SPRING HILL DRIVE
Address

SPRING HILL FL 34609
City, State & Zip

352-683-0102
Daytime Telephone number

01 APR 26 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

JK 4/30

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

National

The name of the corporation shall be:

INDEPENDENT INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13200 SPRING HILL DRIVE
SPRING HILL, FL 34609

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOSEPH SHOLOMITH 13200 Spring Hill Dr.
Spring Hill, FL 34609

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JOSEPH SHOLOMITH - 300 SILAS COURT SPRING HILL FL 34609
DON MORITZ - 5228 BAFFIN CIRCLE SPRING HILL FL 34606


Signature/Incorporator

4-23-01

Date



4-23-01

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

4-23-01

Date

FILED
01 APR 26 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA