

TRANSMITTAL LETTER

PO1000046177

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

400004137124--2

-05/04/01--01093--009

\*\*\*\*\*37.50 \*\*\*\*\*37.50

SUBJECT: CENTRAL FLORIDA BODY & INSURY, 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: SALLY MILLER HICKS  
Name (Printed or typed)

P.O. BOX 2038  
Address

NEW SMYRNA BEACH, FL  
City, State & Zip

386 428 2311  
Daytime Telephone number

01 MAY -4 PM 4:49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

G. BULLOCK MAY - 8 2001

# 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:

CENTRAL FLORIDA BODY & INJURY, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 2038  
NEW SMYRNA BEACH, FL 32170

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING PURPOSES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SALLY MILLER HICKS  
1714 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH, FL 32169

## ARTICLE VI REGISTERED AGENT

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

SALLY MILLER HICKS  
1714 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH, FL 32169

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SALLY MILLER HICKS  
1714 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH, FL 32169

\*\*\*\*\*  
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

Date

5/2/01

Signature/Incorporator

Date

5/2/01

SALLY MILLER HICKS

FILED

01 MAY -4 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA