TRANSMITTAL LETTER

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

9**00004139969**--3 -05/07/01--01142--017 *****78.75 *****78.75

SUBJECT:	Jeffeer D. Mago (PROPOSED CORPORATE	DOO NC. TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)	_	- 144 - 144
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for :		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	FROM: Jeffery D. MAGDON Name (Printed or typed)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	A	ddress 2.113		01 MAY -7 A	

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:	٠ 💯
Jeffer D. Magoon, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6714 LONE Oak Blud. Naples P. 34109	1
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Establish au insurance agency.	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Jeffery D. Magoon Jennifer J. RIDER	-
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Jeffery D. Magoon	
6714 Lone Dak Blud	
Naples, R 34109	-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Veffery D. Magoon 6714 Lone Oak Blvd	
Naples R 34109	
NADIES, P. 34109 ***********************************	****
Having been named as registered agent to accept service of process for the above stated corporation at the place designated certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	in this
Oll WA	
Signature/Registered Agent Date	
5/4/N	=
Signature/Incorporator Date	