

**P1000068554**

Requester's Name

Address



Mr. Robert Ricca  
P.O. Box 730  
Cape Coral, FL 33910

ie #

Office Use Only

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

- |    |                    |              |                       |
|----|--------------------|--------------|-----------------------|
| 1. | _____              | _____        | 900004465169--4       |
|    | (Corporation Name) | (Document #) | -07/09/01--01106--009 |
|    |                    |              | *****78.75 *****78.75 |
| 2. | _____              | _____        |                       |
|    | (Corporation Name) | (Document #) |                       |
| 3. | _____              | _____        |                       |
|    | (Corporation Name) | (Document #) |                       |
| 4. | _____              | _____        |                       |
|    | (Corporation Name) | (Document #) |                       |

FILED  
01 JUL -9 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |                                       |  |

**NEW FILINGS**

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

**AMENDMENTS**

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

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

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

Examiner's Initials

FILED  
01 JUL -9 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

Pursuant to the provisions of section 621, Florida Statutes, the undersigned incorporator(s), for the purpose of forming a professional service corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### **ARTICLE I NAME**

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

**Sunshine State Insurance Agency of Southwest Florida, Inc.**

### **ARTICLE 11 PRINCIPAL OFFICE**

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

#### **Street Address:**

**3711 S.E. 10<sup>th</sup> Avenue  
Cape Coral, Fl 33904**

#### **Mailing Address:**

**P.O. Box 730  
Cape Coral, FL 33910**

### **ARTICLE 111 SHARES**

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

**5000 Shares – No Par Common Value**

#### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**Robert J. Ricca**

**Street Address:**

**3711 S.E. 10<sup>th</sup> Ave.  
Cape Coral, Fl 33904**

**Mailing Address:**

**P. O. Box 730  
Cape Coral, Fl 33910**

#### **ARTICLE V INCORPORATORS**

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

**Robert J. Ricca, President/Secretary  
Jennifer L. Wilson, Vice President/Treasure**

**Street Address:**

**3711 S.E. 10<sup>th</sup> Ave.  
Cape Coral, Fl 33904**

**Mailing Address:**

**P. O. Box 730  
Cape Coral, Fl 33910**

#### **ARTICLE VI NATURE OF BUSINESS**

The nature of business shall be:

**Insurance Sales**

The undersigned incorporator(s) has(have) executed these articles of Incorporation this

5<sup>th</sup> day of July, 2001.

Robert P. Poon PRES./SEC  
Signature and Title

7/5/01.  
Date

Samuel L. Wilson VP/Tru  
Signature and Title

7/5/01.  
Date

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the state of Florida.

1. The name of the corporation is:

**Sunshine State Insurance Agency of Southwest Florida, Inc.**

2. The Name and address of the registered agent and office is:

**Robert J. Ricca**

**Street Address:**

**3711 S.E. 10<sup>th</sup> Ave.  
Cape Coral, FL 33904**

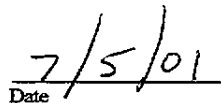
**Mailing Address:**

**P. O. Box 730  
Cape Coral, FL 33910**

FILED  
01 JUL -9 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

  
Date