

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

000004774780--3 -01/15/02--01024--001 ******70.00 ******70.00

SUBJECT:	Concept	One	Insurance,	Inc.	
•		(PRO	POSED CORPORA	ATE NAME - MUST INCLUDE SUFFIX)	

Enclosed are an original and one (1) copy of the articles of incorporation and a check for	r:
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X \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Name (Printed or typed)					
	P O BOX 1419					
	Address					
	Oldsmar, FL 34677					
	City, State & Zip					
	813-855-1111					

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:

Concept One Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Place:

426 Evergreen Drive

Oldsmar, FL 34677 Mailing:

P O BOX

Oldsmar, FL

34677

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

(P/D)

The name(s), address(es) and title(s):

Jason C. Oxendine

P O BOX 1419

Oldsmar, FL34677

REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Jason C. Oxendine

426 Evergreen Drive

Oldsmar,

34677

FLARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Jason C. Oxendine

P O BOX 1419

Oldsmar, FL34677

********************************** Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

01 - 09 - 02

Date