

Division of Corporations

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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## To:

Division of Corporations

Fax Number : (850) 205-0381

## From:

Account Name : LEVINE &amp; SEGAL, P.A.

Account Number : I19980000083

Phone : (954) 749-6705

Fax Number : (954) 749-6759

## FLORIDA PROFIT CORPORATION OR P.A.

A ADKINS INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF INCORPORATION

OF

### A ADKINS INSURANCE AGENCY, INC.

#### Article I - Name

The name of the corporation shall be: **A ADKINS INSURANCE AGENCY, INC.**

#### Article II - Principal Office

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

605 N. State Rd 7  
Margate FL 33063

#### Article III - Capital Stock

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100**

This document prepared by:  
Lawrence A. Levine - Fla. Bar 193185  
LEVINE & SEGAL, P.A.  
4300 N. University Drive - A-106  
Fort Lauderdale, FL 33351  
Tel (954) 749-6705 Fax (954) 749-6759

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#### **Article IV - Registered Agent**

The name and address of the registered agent is:

Levine & Segaul, P.A.  
Suite A-106  
4300 N. University Drive  
Fort Lauderdale, FL 33351

#### **Article V - Effective Date**

These articles of incorporation shall be effective immediately upon execution.

#### **Article VI - Incorporator**

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

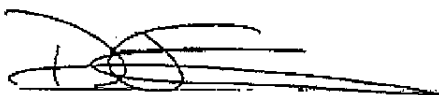
Dean F. Adkins  
5560 SW 10 St  
Margate FL 33068

#### **Article VII - Initial Board of Directors**

The name and street address of the initial board of directors to these Articles of Incorporation is:

Dean F. Adkins, President  
5560 SW 10 St  
Margate FL 33068

The undersigned has executed these Articles of Incorporation on <sup>Feb</sup>January 4, 2002.



Dean F. Adkins

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## CERTIFICATE OF DESIGNATION

## REGISTERED AGENT

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the corporation is: **A Adkins Insurance Agency, Inc.**
2. The name of the registered agent is:

Levine & Segaul, P.A.  
Suite A-106  
4300 N. University Drive.  
Fort Lauderdale, FL 33351

Signature:

John D. Segaul, V.P.

Date:

January 4, 2002  
Feb

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 THE AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

LEVINE &amp; SEGAL, P.A.

Signature:

John D. Segaul

Date:

January 4, 2002  
Feb

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