

TRANSMITTAL LETTER

PO2000047959

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 29 PM 3:04

FILED

SUBJECT: Lighthouse Insurance Group 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: Robert J. Springer
Name (Printed or typed)

P.O. Box 38222
Address

TALLAHASSEE FL 32315
City, State & Zip

850 531 9908
Daytime Telephone number

RECEIVED

02 MAY - 1 PM 2:53

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-05/02/02--01004--001
*****78.75 *****78.75

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

originally accepted ^{received} on-line
3/29/02:7250

1188
5/1/02

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02 MAR 29 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Lighthouse Insurance Group INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1344 VICKER RD
TALLAHASSEE, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Services AND/OR ANY other Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Robert J. Springer
1344 VICKERS RD
TALLAHASSEE, FL 32303

ARTICLE VI REGISTERED AGENT

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

Robert J. Springer
1344 VICKERS RD
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert J. Springer
1344 VICKERS RD
TALLAHASSEE, FL 32303

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

Signature/Incorporator

Date