

PO20000117581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

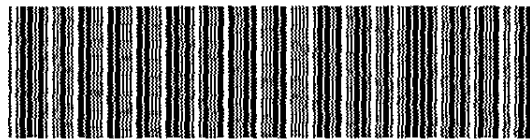
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: The Associates Insurance Agency, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Nathaniel Weaver
Name (Printed or typed)

107 South Hamlin CT
Address

Longwood, FL 32750
City, State & Zip

407-332-1796
Daytime Telephone number

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

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02 OCT 31 PM 2:59

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: *The Associates Insurance Agency, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *107 South Hamlin CT
Longwood, FL 32750*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Sell life insurance products*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

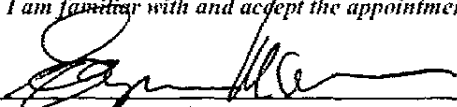
*Eugene Weaver
801 W. Atwater Ave
Eustis, FL 32726*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Nathan Weaver
107 South Hamlin CT
Longwood, FL 32750*


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

8/20/02

Date



Signature/Incorporator

8/20/02

Date