

PO2000123013

EFFECTIVE DATE

11-12-02

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

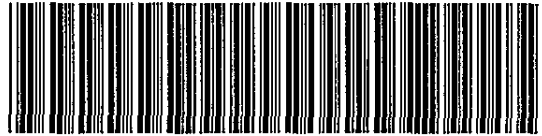
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:

Ancient City Insurance, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM:

John Wood
Name (Printed or typed)

1100-4 Ponce De Leon Blvd.
Address

St. Augustine, FL 32084
City, State & Zip

904/ 826-0096
Daytime Telephone number

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

EFFECTIVE DATE
11-12-02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

ANCIENT CITY INSURANCE, INC.

The undersigned, acting as the incorporator of a corporation under the Florida Business Corporation Act adopts the following Article of Incorporations for such corporation:

ARTICLE I NAME

The name of the corporation is ANCIENT CITY INSURANCE, INC.

ARTICLE II COMMENCEMENT AND DURATION OF CORPORATE EXISTENCE

Corporate existence shall commence on NOVEMBER 12, 2002 and shall exist perpetually thereafter until dissolved according to law.

ARTICLE III CAPITAL STOCK

This corporation shall have authority to issue one hundred (100) shares of capital stock with a par value of \$1.00 per share. The Shares of the corporation are not to be divided into classes.

ARTICLE IV PRINCIPAL OFFICE

The principal office and mailing address of the corporation is 1100-4 PONCE DE LEON BLVD., ST. AUGUSTINE, FLORIDA 32084.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address in Florida of the corporation's initial registered office is 2200 N. PONCE DE LEON BLVD., SUITE 10, ST. AUGUSTINE, FL 32084 and the initial registered agent at such address is W. HENRY O'CONNELL.

ARTICLE VI INCORPORATORS

The name and address of the incorporator is as follows:


JOHN WOOD
1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

ARTICLE VII OFFICERS

The name and post office address of the officers who shall hold office for the first year of the existence of the corporation or until his/her successors are elected or appointed and has qualified are: --

<u>NAME/ADDRESS</u>	<u>OFFICE</u>
JOHN WOOD	PRESIDENT
1100-4 PONCE DE LEON BLVD.	VICE-PRESIDENT
ST. AUGUSTINE, FL 32084	SECRETARY
	TREASURER

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation at 2200 N. PONCE DE LEON BLVD., SUITE 10, ST. AUGUSTINE, FLORIDA 32084 on the 12TH day of NOVEMBER, 2002.


ANCIENT CITY INSURANCE, INC..
Incorporator

DESIGNATION OF REGISTERED AGENT

In compliance with Section 48.091 and 607.0501, Florida Statutes, the following is submitted: --

That ANCIENT CITY INSURANCE, INC. desiring to operate under the laws of the State of Florida, with its principal place of business in ST. AUGUSTINE, FLORIDA, has named W. HENRY O'CONNELL located at 2200 N. PONCE DE LEON BLVD., SUITE 10, ST. AUGUSTINE, FLORIDA 32084 as its agent to accept service of process within Florida.

ANCIENT CITY INSURANCE, INC.

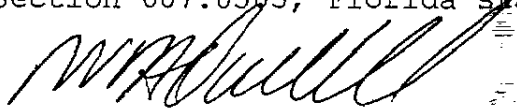
By: 

JOHN WOOD
Incorporator

Dated: 11-12-02

Having been named to accept service of process for the

above stated corporation, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of my duties. In addition, the undersigned hereby acknowledges that it is familiar with, and accepts, the obligation provided for in Section 607.0505, Florida statutes.



W. HENRY O'CONNELL
Dated:- 11-12-02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA