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	(Re	equestor's	Name)	
	(Ad	ddress)		<u>.</u>
···	(Ac	ddress)	 ;	
	(Ci	ty/State/Zip	o/Phone #)	
	PICK-UP	□ w	ΑľΤ	MAIL
	(Bu	ısiness En	tity Name)	
	(Do	ocument N	umber)	
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Special Ir	structions to	Filing Office	er:	
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SECRETALY OF LIGHTS

TRANSMITTAL LETTER

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

SUBJECT: Fit	zgerald Truck Insurance Age					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM:	Michele Fitzgerald Name (Printed or typed)					
	readile (Finited of Typed)					
	303 Larkwood Dr.					
•	Address					
	Sanford, FI 32771	Cinta Q. Tim				
	City,	State & Zip				
	407 324 2647					
•	Daytime Telephone number					

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)

FILED 03 FEB 11 AM 10: 12

ARTICLE I NAME

The name of the corporation shall be:

Fitzgerald Truck Insurance Agency Corp.

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

303 Larkwood Dr, Sanford, Fl. 32771 mailing: PO Box 470277, Lake Monroe, Fl. 32747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 10.000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Michele Fitzgerald 303 Larkwood Dr., Sanford, Fl. 32771 (President)

REGISTERED AGENT

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

Michele Fitzgerald 303 Larkwood Dr. Sanford, Fl. 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele Fitzgerald 303 Larkwood Dr. Sanford, Fl. 32771

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

Signatur/Registered Agent

Signature/Incorporator