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SECRETARY OF STATE
ALL ALIASSEE, FLORIDA

W03-5146

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TRANSMITTAL LETTER

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

SUBJECT: ROBERT M. FULLER P.A.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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 PY REQUIRED	
FROM:	ROBERT M. FULLER			
Name (Printed or typed)				
	3614 GAME FARM ROAD			
Address				
	PANAMA CITY, FL 32404 City, State & Zip			
	(850) 763-8602			
Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 21, 2003

ROBERT M FULLER 3614 GAME FARM ROAD PANAMA CITY, FL 32404

SUBJECT: ROBERT M. FULLER P.A.

Ref. Number: W03000005146

We have received your document for ROBERT M. FULLER P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 303A00011561

Becky McKnight Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

<u>ARTICLE I __ NAME</u>

The name of the corporation shall be:

ROBERT M. FULLER P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3614 Game Farm Road Panama City, FL 32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do business in Insurance Sales and Services in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100 shares no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

<u> ARTICLE VI REGISTERED AGENT</u>

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

ROBERT M. FULLER 3614 GAME FARM ROAD PANAMA CITY, FL 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT M. FULLER 3614 GAME FARM ROAD PANAMA CITY, FL 32404

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

Fold Marie 2:26-2:03
Signature/Registered Agent Date

Let Marie 2-26-2:03
Signature/Incorporator Date