

PD3000027689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

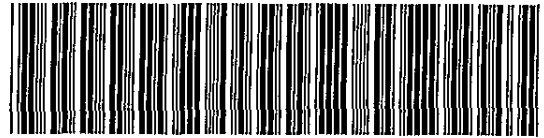
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400013274734

03/06/03--01017--013 **70.00

FILED
03 MAR -6 AM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E O

12

t incl

s of

File

Film
Cen

Film
Cen

Film
Cen

AD

ITF

ITF

ped

LAÑ

OR

p

one

inal

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be

COMMONWEALTH INSURANCE OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4175 WOODLAND SPARKWAY
PALM HARBOR FL 34685

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND SHARES OF ONE DOLLAR PAR VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARVIN SMITH
3801 S.W. 86TH TERRACE
OCALA FL 34481

FILED
03 MAR - 6 AM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JEFF LEDBETTER
4175 WOODLAND PARKWAY
PALM HARBOR FL 34685

MARVIN SMITH
3801 S.W. 86TH TERRACE
OCALA FL 34481

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18TH day of FEBRUARY, 2003

(An additional article must be added if an effective date is requested)

Marvin B. Smith
Signature

Jeff Ledbetter
Signature

Signature

Notarization is not required

Note: Affixing an officer title after signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: COMMONWEALTH INSURANCE OF FLORIDA INC.

1. The name and address of the registered agent and office is:

MARVIN SMITH

(Name)

3801 S.W. 86TH TERRACE

(P.O. Box or Mail Drop Box Not Acceptable)

OCALA FL 34481

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marvin R. Smith
(Signature)

2/18/03
(Date)

FILED
03 MAR -6 AM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA