

P03000086018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

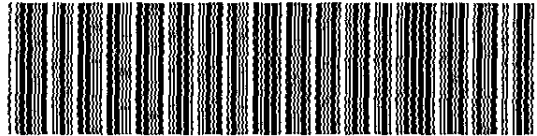
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

**SUBJECT:** \_\_\_\_\_

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**FROM:** David W. Singletary  
Name (printed or typed)

4579 Bee Ridge Rd.  
Address

Sarasota FL 34233  
City, State & Zip

941-377-1806  
Daytime Telephone number

# CERTIFICATE OF DOMESTICATION

The undersigned, DAVID W. SINGLETARY, President,  
(Name) (Title)

of Singletary Insurance Agency Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MARCH 31, 1997.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Maryland.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Singletary Insurance Agency Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Singletary Insurance Agency Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Maryland.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am DAVID W. SINGLETARY, of Singletary Insurance Agency Inc  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31 day of July, 2003.

[Signature]  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE: SINGLETARY Insurance Agency Inc

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 4579 BEE RIDGE RD.  
SARASOTA FL 34223

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Insurance Sales

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1000

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

DAVID W. SINGLETARY  
6402 Golden Leaf Ct.  
Bradenton, FL 34202

PRESIDENT

CARMEN A. SINGLETARY  
6402 Golden Leaf Ct.  
Bradenton, FL 34202

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

CHRISTOPHER L. SAARS  
8932 MANOR LOOP Apt 207  
Bradenton, FL 34202

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DAVID W. SINGLETARY  
6402 Golden Leaf Ct.  
Bradenton, FL 34202

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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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Christopher L. Saars  
Signature/Registered Agent

7-31-03  
Date

David W. Singletary  
Signature/Incorporator

7/31/2003  
Date

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TALLAHASSEE, FLORIDA