

P03000106938

R. J. Monti

(Requestor's Name)

743 Red Fern Rd

(Address)

(Address)

TALL, FL. 32308

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Indemnity Concepts, Inc

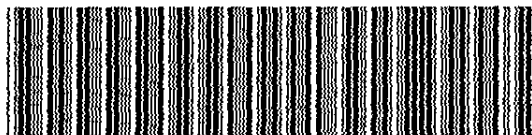
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400021598674

09/30/03--01062--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 AM 10:08

RECEIVED
03 SEP 30 AM 9:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09-30-03

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: INDEMNITY CONCEPTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 3566
OCALA, FLORIDA 34478

ARTICLE III SHARES

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

500 SHARES PAR VALUE OF \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: R. J. MONTI, 743 RED FERN RD., TALLAHASSEE, FL. 32308

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 AM 10:08

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):

R.J. MONTI
743 RED FERN RD.
TALLAHASSEE, FL. 32308

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
30 day of Sept, 2003.

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

R. J. Monti

Signature

Signature

Signature

Notarization is not required

Note: affixing an officer title after a 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.

1. The name of the corporation is: INDEMNITY CONCEPTS, INC.
2. The name and address of the registered agent and office is:

(Name)

R. J. MONTI

(P.O.Box or Mail Drop Box **NOT** acceptable)

743 RED FERN RD.

(City/State/zip)

TALLAHASSEE, FLORIDA 32308

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 provisions 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.

R. J. Monti
(Signature)

9-30-2003
(date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 AM 10:08