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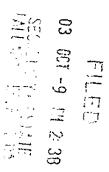
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 HORNE INSURANCE SERVICES, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$78.75
Filing Fee
& Certified Copy \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certificate of ADDITIONAL COPY REQUIRED FROM: MICITAEL J. HOENE

Name (Printed or typed) 1300 CORPORATE CENTER WAY SUITE 105-C

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

WELLINGTON FL 33414
City. State & Zip

561-644-0672

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S.	S. (Profit)				
ARTICLE I NAME The name of the corporation shall be:	= Too	-			
HORNE INSURANCE SERVICE	.s / 4//C.				
The principal place of business/mailing address is: 1300 CORPORATE CENTER WAY	Suite 105-C	`-			
WELLINGTON FL 33414 ARTICLE III PURPOSE	• ·				
The purpose for which the corporation is organized is: INSURANCE SALES	· 	=			
ARTICLE IV SHARES The number of shares of stock is:		SIE.	~		
50 SIMRES	<u>.</u>				
ARTICLE V INITIAL OFFICERS AND/OR D List name(s), address(es) and specific title(s):	DIRECTORS		三百	03	
MICHAEL J. HORNE, PRES. 1300 CORPORATE CENTER WAY.	= SQITE 105-C	-	CARS	0001	<u></u>
WELLINGTON, FL 33414	- -			-9 PH	LED
ARTICLE VI REGISTERED AGENT	· 	. ****	元 元 元	Ö	_
The name and Florida street address of the registered a	gent is:		털표	38	
MICHAEL J. HORNE 1300 CORPORATE CENTER WAY	BuiTE 105-C	-			
WELLINGTON, FL 33414					
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	<u>-</u>				
MICHAEL J. HORNE 1300 CORPORATE CENTER WAY WELLINGTON LEL 33414	Suite 105-C				
	******	*****	******	***	**
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as register			ace design	ated in	this
Signature/Registered Agent		10-6- Date	03		-
Shehael Aome		10-6-	-03		
Signature/Incorporator		Date		-	