

P03000140595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

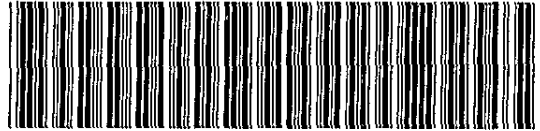
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-34834

~~W03-32711~~

12-1-03

## TRANSMITTAL LETTER

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

SUBJECT: Insurance Specialties Co, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Randolph A. Mabry  
Name (Printed or typed)

14514 87th Avenue North  
Address

Largo, FL 33776  
City, State & Zip

727-942-9363  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

RECEIVED

03 DEC -1 AM 11:18

10

SECRET  
TALLAHASSEE, FLORIDA

November 20, 2003

RANDOLPH A. MABRY  
14514 87TH AVE N  
LARGO, FL 33776

SUBJECT: INSURANCE SPECIALTIES CO, INC  
Ref. Number: W03000034834

*Ms Graves!*

*Thanks for your  
help. I do not want  
to pursue this name  
filing. See attached for  
the new Corp name filing*

We have received your document for INSURANCE SPECIALTIES CO, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

*Thanks,  
Randy Ma*

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

I called you about the name conflict, you never called me back.,

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) 245-6930.

Donna Graves  
Document Specialist  
New Filings Section

Letter Number: 503A00063054

*409 E Gaines ST*

*Tallahassee, 32399*

*FL*

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

~~Insurance Specialties Co, Inc~~  
Financial Specialties Co, Inc,

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

101 Federal Place, Suite 101 Tarpon Springs, FL 34689

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Holding Company for an Independent Insurance Agency

## ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Randolph A. Mabry, President/Secretary 14514 87th Ave N., Largo, FL 33776

## ARTICLE VI REGISTERED AGENT

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

Randolph A. Mabry 14514 87th Ave North Largo, FL 33776

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Randolph A. Mabry 14514 87th Ave North Largo, FL 33776

## ARTICLE VIII EFFECTIVE DATE

The effective date if the incorporation is

October 24, 2003

\*\*\*\*\*

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

Randolph A. Mabry  
Signature/Registered Agent

10/23/2003

Date

Randolph A. Mabry  
Signature/Incorporator

10/23/2003

Date