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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

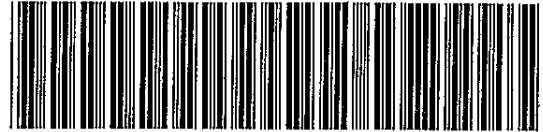
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -5 PM 3:10

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TRANSMITTAL LETTER

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

SUBJECT: WAGNER INSURANCE SERVICES, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: CANDACE A. WAGNER
Name (Printed or typed)

189 Linkside Circle
Address

Ponte Vedra FL 32082
City, State & Zip

(904) 285-5042
Daytime Telephone number

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

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:

WAGNER INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

189 Linkside Circle
Ponte Vedra, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Candace A. Wagner, President, Secretary
Treasurer & Director

ARTICLE VI REGISTERED AGENT

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

Candace A. Wagner
189 Linkside Circle
Ponte Vedra, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Candace A. Wagner
189 Linkside Circle
Ponte Vedra, FL 32082

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

Candace A. Wagner
Signature/Registered Agent

12/2/03
Date

Candace A. Wagner
Signature/Incorporator

12/2/03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA