

P03000150771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

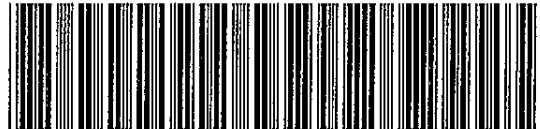
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Jim Lee GAVE
AUTHORIZATION BY PHONE TO
CORRECT Act. IV + Act VIII
DATE 12/15/03
DOC. EXAM TH

Office Use Only



300025307873

12/08/03--01040--022 **78.75

EFFECTIVE DATE
01/01/2004

CLERK OF COURT
TALLAHASSEE, FLORIDA

03 DEC - 8 PM 1:21

FILED

TRANSMITTAL LETTER

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

SUBJECT: On The Spot Insurance, 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: Jill Sousa Lee
Name (Printed or typed)

2243-A Cleveland Ave
Address

ft Myers FL 33901
City, State & Zip

239-337-1001
Daytime Telephone number

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

flective 1/1/04

ARTICLES OF INCORPORATION

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

FILED

03 DEC -8 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

On The Spot Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2243-A Cleveland Ave
Ft Myers FL 33901

EFFECTIVE DATE
01/01/2004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jill Sousa Lee - Owner

ARTICLE VI REGISTERED AGENT

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

Jill Sousa Lee
569 Peak Ave
Ft Myers FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jill Sousa Lee
569 Peak Ave
Ft Myers FL 33919

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

Jill Sousa Lee
Signature/Registered Agent

12-5-03
Date

Jill Sousa Lee
Signature/Incorporator

12-5-03
Date

ARTICLE VIII EFFECTIVE DATE:

Effective 1/1/04