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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 21 PM 4:01

TS 01/30/04

TRANSMITTAL LETTER

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

SUBJECT: Philip M. Thompson Insurance Agency, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Philip Thompson
Name (Printed or typed)

7833 W. Sample Road
Address

Coral Springs, FL 33065
City, State & Zip

(954) 753-9810
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:

Philip M. Thompson Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7833 W. Sample Rd
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales of personal + commercial insurance

ARTICLE IV SHARES

The number of shares of stock is: 500 SHS common stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Philip Thompson
7833 W. Sample Rd
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

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

Philip Thompson
7833 W. Sample Rd
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Philip Thompson
7833 W. Sample Rd
Coral SPRINGS, FL 33065

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

Signature/Registered Agent

Philip Thompson

Date

1/15/04

Signature/Incorporator

Philip Thompson

Date

1/15/04



Lisa J. Von Hoffen
Commission # CC 920371
Expires April 30, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

Signature of Lisa J. Von Hoffen dated 1/15/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 21 PM 4: 01