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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 23 AM 11:54

TRANSMITTAL LETTER

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

SUBJECT: SANIBEL - CAPTIVA INSURANCE CORPORATION
(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: William Scott Conway
Name (Printed or typed)

2323 Wooster Lane Suite #2
Address

Sanibel, FL 33957
City, State & Zip

239-472-8500
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:

Sanibel - Captiva Insurance Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2323 Wooster Lane Suite #2
Sanibel, FL 33957

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Scott Conway
2323 Wooster Lane Suite #2
Sanibel, FL 33957
(Officer)

ARTICLE VI REGISTERED AGENT

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


William Scott Conway
9292 Belding Drive
Sanibel, FL 33957

ARTICLE VII INCORPORATOR

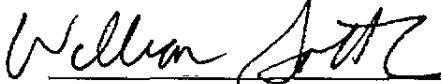
The name and address of the Incorporator is:

William Scott Conway
2323 Wooster Lane Suite #2
Sanibel, FL 33957

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

4/16/04
Date


Signature/Incorporator

4/16/04
Date

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TALLAHASSEE, FLORIDA
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