

PO4000025656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

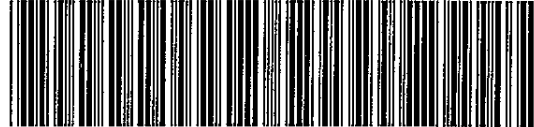
(Business Entity Name)

(Document Number)

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04 FEB -9 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W04-4652

## TRANSMITTAL LETTER

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

SUBJECT: Acceptance 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: Raquell Pierce  
Name (Printed or typed)

P.O. Box 57817  
Address

Jacksonville, FL 32241  
City, State & Zip

904-234-3213  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 3, 2004

RAQUELL PIERCE  
PO BOX 57817  
JACKSONVILLE, FL 32241

SUBJECT: ACCEPTANCE INSURANCE CORPORATION  
Ref. Number: W04000004652

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 704A00007172

ARTICLES OF INCORPORATION  
OF  
ACCEPTANCE INSURANCE & COMPANY, INC.

FILED  
04 FEB -9 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Corporation is Acceptance Insurance & Company, Inc.

ARTICLE II - ADDRESS

This Corporation is doing business in Jacksonville, FL, and the mailing address is : P.O. Box 57817, Jacksonville, FL 32241.

ARTICLE III - PURPOSE

This Corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida statutes, as now exists or may after be amended.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of One dollar (\$1.00) par value common stock which shall be designated as "Common Shares".

ARTICLE V - INITIAL BOARD OF DIRECTORS

All Corporate powers shall be exercised by and under the authority of , and the business and affairs of the Corporation shall be managed under the direction of the board of directors.

This Corporation shall have one Director constituting the initial Board of Directors. the number of directors may be increased from time to time by the bylaws; however, there shall never be less than one director nor more than ten. The name and address of the initial Board of Directors of the Corporation is:

Raquell Pierce  
PO Box 57817  
Jacksonville, FL 32241

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Any and all of the powers and duties conferred to or imposed upon the Board of Directors, by resolution of the shareholders adopted at a special meeting called for that purpose, may be exercised or performed to such extent and by such persons as shall be provided by the shareholders.

#### ARTICLE VI - INCOPORATOR

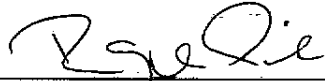
The name and address of the Incorporator signing these Articles is Raquell Pierce, PO Box 57817, Jacksonville, FL 32241.

#### ARTICLE VII - AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to reservation.

#### ARTICLE VIII - INITIAL REGISTERED OFFICE AND AGENT

*Royal Palm Dr.* The mailing address of the initial registered office of this Corporation is ~~PO Box 57817~~ <sup>3306</sup> ~~32241~~ and the name of the initial Registered Agent of this Corporation at that address is Raquell Pierce. Having been named as Registered Agent and to accept service of process for the above stated Corporation, I hereby accept the appointment as Registered Agent and agree to act in that capacity. The address of the Registered Agent and the address of the Corporation are the same.



Raquell Pierce

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the 19th day of January, 2004.

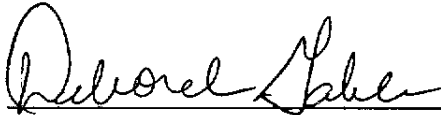


Raquell Pierce

STATE OF FLORIDA  
COUNTY OF DUVAL

Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Raquell Pierce unto me and known by my to be the person who executed foregoing Articles of Incorporation and who accepted the appointment as Registered Agent, and she acknowledged before me that she executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 19th day of January, 2004, at Jacksonville, Duval County, Florida.



Notary Public

State of Florida at Large

My Commission Expires



DEBORAH  
Notary Public - State of Florida  
My Commission Expires Apr 8, 2006  
Commission # DD 092368  
Bonded By National Notary Assn.