

P04000047754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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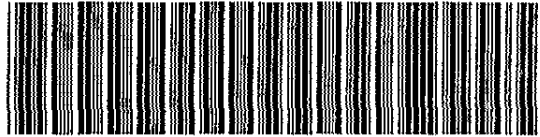
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

gk3/17

TRANSMITTAL LETTER

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

SUBJECT: Towne Center 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: Cathy Cain
Name (Printed or typed)

PO Box 67
Address

Alachua, FL 32616
City, State & Zip

386-462-5858
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:

Towne Center Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14933 Main Street / PO Box 67
Alachua, FL 32615 Alachua, FL 32616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of insurance products to the general public

ARTICLE IV SHARES

The number of shares of stock is:

500 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cathy Cain, President
PO Box 67
Alachua, FL 32616

ARTICLE VI REGISTERED AGENT

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

Cathy Cain
14933 Main Street
Alachua, FL 32615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cathy Cain
PO Box 67
Alachua, FL 32616

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

3-8-04

Date



Signature/Incorporator

3-8-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA