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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

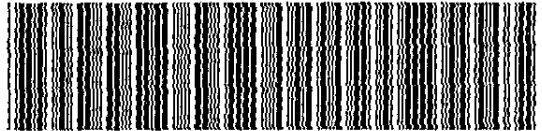
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04 MAR 19 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: CHARLES P JOHNSON 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: CHARLES P JOHNSON  
Name (Printed or typed)

1209 BLANDING BLVD  
Address

ORANGE PARK, FL 32065  
City, State & Zip

904-272-5555  
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)

**FILED**

04 MAR 19 PM 2: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

CHARLES P JOHNSON INSURANCE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1209 BLANDING BLVD. ORANGE PARK , FL 32065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE AGENCY

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CHARLES P JOHNSON

**ARTICLE VI REGISTERED AGENT**

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

1209 BLANDING BLVD. ORANGE PARK, FL 32065

CHARLES P JOHNSON

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CHARLES P JOHNSON 1209 BLANDING BLVD. ORANGE PARK , FL 32065

\*\*\*\*\*

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

03/05/2004  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

03/05/2004  
\_\_\_\_\_  
Date