

PD4000055494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04 MAR 25 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Equity 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  
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:

Peter Wohlfelder III

Name (Printed or typed)

5626 Atlantic Avenue North

Address

St. Petersburg, FL 33703

City, State & Zip

(727) 521-2099

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Equity Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5626 Atlantic Avenue North, St. Petersburg, FL 33703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Agency to broker and market insurance

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 (one thousand)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Peter Wohlfelder III, Director and President

Norma Jane Wohlfelder, Director and Secretary

**ARTICLE VI REGISTERED AGENT**

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

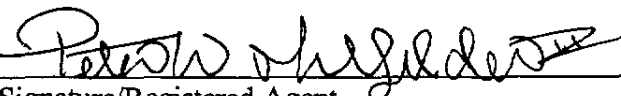
Peter Wohlfelder III  
5626 Atlantic Ave North, St. Petersburg, FL 33703

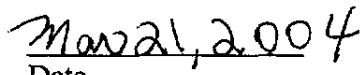
**ARTICLE VII INCORPORATOR**

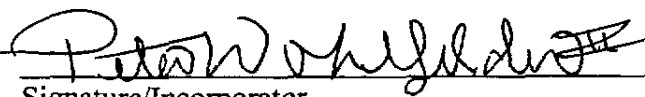
The name and address of the Incorporator is:

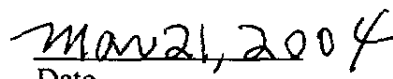
Peter Wohlfelder III  
5626 Atlantic Ave North, St. Petersburg, FL 33703

\*\*\*\*\*  
*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

  
Date

  
Signature/Incorporator

  
Date