

P04000061099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

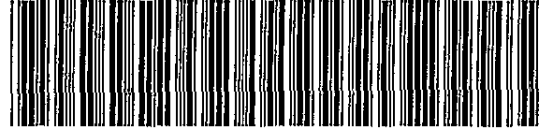
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/29/04--01062--003 **78.75

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04 APR 12 PM 3:15
JALAPALO, TEXAS

44-4-12

TRANSMITTAL LETTER

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

SUBJECT: CHUCK POWELL INSURANCE SERVICES , 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CHARLES W POWELL
Name (Printed or typed)

151 SAWGRASS CORNERS DRIVE
Address

PONTE VEDRA BEACH, FL. 32082
City, State & Zip

904-543-8186
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 5, 2004

CHARLES W POWELL
151 SAWGRASS CORNERS DR
PONTE VEDRA BEACH, FL 32082

SUBJECT: CHUCK POWELL INSURANCE SERVICES, INC
Ref. Number: W04000013152

We have received your document for CHUCK POWELL INSURANCE SERVICES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 004A00022114

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:

CHUCK POWELL INSURANCE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

151 SAWGRASS CORNERS DRIVE
PONTE VEDRA BEACH, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE OF INSURANCE PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHARLES WILLIAM POWELL
12331 CARON DRIVE
JACKSONVILLE, FL 32258

ARTICLE VI REGISTERED AGENT

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


CHARLES W. 151 SAWGRASS CORNERS DRIVE
POWELL PONTE VEDRA BEACH, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES W. POWELL
12331 CARON DRIVE
JACKSONVILLE, FL. 32258


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

4/5/04

Date



Signature/Incorporator

3/26/04

Date

FILED
04 APR 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA