

PO4000061728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

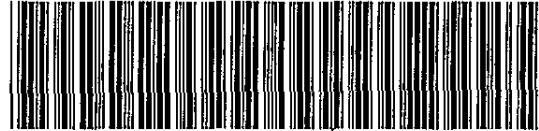
(Business Entity Name)

(Document Number)

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SECTION 13
DIVISION 13
04 APR -7 PM 1:42

7504/1364

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA FINANCIAL PROTECTION 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: DAVID LOCKE
Name (Printed or typed)

620 WIGGINS BAY DR.
Address

NAPLES, FLORIDA, 34110
City, State & Zip

239-269-3492
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:

FLORIDA FINANCIAL PROTECTION inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

620 WIGGINS BAY DR.
NAPLES, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF LIFE, HEALTH INSURANCE & VARIABLE ANNUITIES

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED [100]

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID LOCKE
620 WIGGINS BAY DR.
NAPLES, FLORIDA. 34110
OWNER

ARTICLE VI REGISTERED AGENT

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

DAVID LOCKE
620 WIGGINS BAY DR.
NAPLES, FLORIDA
34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID LOCKE
620 WIGGINS BAY DR.
NAPLES, FLORIDA.

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
04 APR -7 PM 1:42

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

David Locke
Signature/Incorporator

April 02/04
Date