

P04000138681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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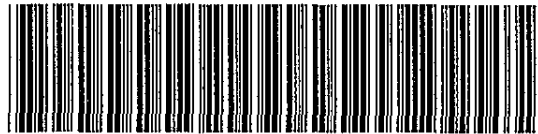
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/04--01023--016 **78.75

FILED
2004 OCT -5 PM 2:29
TALLAHASSEE FLORIDA
CLERK OF STATE

for 10/26/04

TRANSMITTAL LETTER

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2004 OCT -5 PM 2:29

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: REED WADE INSURANCE AGENCY, 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: GEORGE REED WADE
Name (Printed or typed)

10 FAULKNER ST., SUITE 1
Address

NEW SMYRNA BEACH, FL 32168
City, State & Zip

386-409-2111
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)

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ARTICLE I NAME

The name of the corporation shall be:

REED WADE INSURANCE AGENCY, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**10 FAULKNER STREET, SUITE 1
NEW SMYRNA BEACH, FL 32168**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**PRODUCTION OF COMMERCIAL AND PERSONAL LINES
INSURANCE BUSINESS AS AN INDEPENDENT INSURANCE AGENT.**

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**GEORGE REED WADE PRESIDENT
10 FAULKNER STREET, SUITE 1
NEW SMYRNA BEACH, FL 32168**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**GEORGE REED WADE
10 FAULKNER STREET, SUITE 1
NEW SMYRNA BEACH, FL 32168**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**GEORGE REED WADE
10 FAULKNER STREET, SUITE 1
NEW SMYRNA BEACH, FL 32168**

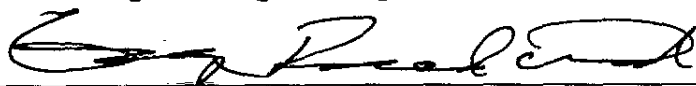
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9-29-2004

Date



Signature/Incorporator

9-29-2004

Date