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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

11-04-04
D

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Terry L. Myers Insurance Agency, Inc.

Signature

Requested by: WC 11/4 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

74 Ponder's Printing - Thomasville, GA 8/00

- ✓ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ✓ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

# 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:

Terry L. Myers Insurance Agency, Inc.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

4985 Holfner Ave. Orlando, FL 32812

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the laws of the State of Florida including, but not limited to insurance services.

***ARTICLE IV SHARES***

The number of shares of stock is:

100 Shares Having No Par Value

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

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

Terry L. Myers
8504 Waterwillow Place
Orlando, FL 32827
P/S/T/D

Charles F. Myers
8504 Waterwillow Place
Orlando, FL 32827
VP/D

***ARTICLE VI REGISTERED AGENT***

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

Terry L. Myers
8504 Waterwillow Place
Orlando, FL 32827

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Terry L. Myers
8504 Waterwillow Place
Orlando, FL 32827

**********

*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*

Terry L Myers — 11/3/04
Signature/Registered Agent — Date

Terry L Myers — 11/3/04
Signature/Incorporator — Date