

P05000009381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800043793038

01/13/05--01030--011 **78.75

AND
FILED
05 JAN 13 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FL 32399

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA BONDS AND INSURANCE SERVICES, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: BEVERLY A SMITH
Name (printed or typed)

POST OFFICE BOX 441106
Address

JACKSONVILLE, FLORIDA 32222
City, State & Zip

(904) 631-2251
Daytime Telephone number

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

APPROVED
AND
FILED

05 JAN 13 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

FLORIDA BONDS AND INSURANCE SERVICES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA BONDS AND INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

POST OFFICE BOX 441106 (Mailing Address)
JACKSONVILLE, FLORIDA 32222
4519 BRENTWOOD AVENUE (Place of Business)
JACKSONVILLE, FLORIDA 32206

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50,000 Shares of Stock @ par value \$.40 per Share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEVERLY A SMITH
4519 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32206

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BEVERLY A SMITH
4519 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32206

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of JANUARY, 2005.

Beverly A. Smith

Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

ARTICLE VI INITIAL OFFICERS/DIRECTORS (optional)

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

BEVERLY A. SMITH, PRESIDENT
4519 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32206

LATOYA SMITH, VICE PRESIDENT
4519 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32206

STEPHAINE SMITH, TREASURER
4519 BRENTWOOD AVENUE
JACKSONVILLE, FLORIDA 32206

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FLORIDA BONDS AND INSURANCE SERVICES, INC.

2. The name and address of the registered agent and office is:

BEVERLY A SMITH

(Name)

4519 BRENTWOOD AVENUE

(P.O. Box not acceptable)

JACKSONVILLE, FLORIDA 32206

(City/State/Zip)

05 JAN 13 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Beverly A. Smith 1/11/2005
(Signature)