

PO5000101742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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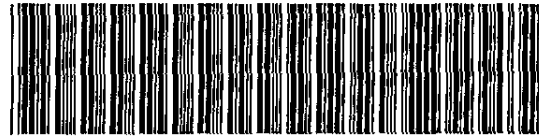
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/14/05--01029--013 \*\*122.50

FILED  
2005 JUL 20 AM 7:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

JAWS INSURANCE INC.  
764 N.E. 119 STREET  
BISCAYNE PARK, FL 33161

Date: April 11, 2005

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

Re: JAWS INSURANCE INC.  
(name of organization)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

  
(name of primary agent)

FENTON  
764 NE 119TH ST  
BISCAYNE PARK FL 33161



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 19, 2005

MAURICE FENTON  
764 NE 119TH ST  
BISCAYNE PARK, FL 33161

SUBJECT: JAWS INSURANCE INC.  
Ref. Number: W05000019762

We have received your document for JAWS INSURANCE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 205A00026805

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE

05 JUL 20 AM 8:55

**ARTICLES OF INCORPORATION**  
**OF**  
**JAWS INSURANCE INC.**  
*(name of corporation)*

In compliance with Chapter 607 and/or 621, F.S. (PROFIT).

**FILED**  
2005 JUL 20 AM 7:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - CORPORATE NAME**

The name of the corporation is: **JAWS INSURANCE INC.**

**ARTICLE II - PRINCIPAL OFFICE**

This principal place of business is: 764 N.E. 119 STREET  
BISCAYNE PARK, FL 33161

**ARTICLE III- PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue one thousand (1,000) of one dollar (\$1.00) par value Common Stock, which shall be designate "Common Shares".

**ARTICLE V - INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1).  
The name and address of the initial director of the corporation is as follows:

MAURICE F. FENTON  
764 N.E. 119 STREET  
BISCAYNE PARK, FL 33161

**ARTICLE VI - REGISTERED AGENT**

The name and Florida street address of the Registered Agent is:

MAURICE F. FENTON  
764 N.E. 119 STREET  
BISCAYNE PARK, FL 33161

ARTICLE VII - INCORPORATOR (S)

The names and street addresses of the Incorporators are:

MAURICE F. FENTON  
764 N.E. 119 STREET  
BISCAYNE PARK, FL 33161

*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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

*Maurice Fenton*  
Signature/Registered Agent

*11-10-05*  
Date

*John F. Fenton*  
Signature/Incorporator

*11-10-05*  
Date