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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 5NOW INSUVANCE COM PROPOSED CORPORATE NAME - MUST INCLUDE SUBJECT: Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 □ \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: 12024 SPLIT BARK CT 0PLANDO, F/ 32832 City, State & Zip

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

(407) 477-4651

Daytime Telephone number

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:	
SNOW INSURANCE COSP.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: [2024 SPLIT BACK of, as LAMADO, Fl 32832	
ARTICLE III PURPOSE	7.0
The purpose for which the corporation is organized is:	05 ALL/
INSURANCE SALES	
ARTICLE IV SHARES	-8 -8
The number of shares of stock is: /ODD	AUG-8 M 8 54 DALLE SEE, FLORDS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	.b. ²
TIMOTHY R. SNOW - President	
JENNIFER C. SNOW - VICE PRESIDENT	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent	is:
TIM SNOW, 12024 SPLIT BANK Ct., ORLANDO,	x/32832
ARTICLE VIIINCORPORATOR	
	-/ 2020
The name and address of the Incorporator is: TTM SNOW, 12024 SPUT BATE Ct, OS/ANDO, A	7 3032

Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familific with and agreet the appointment as registered agent and agree to act in this capac	te puice aesignuieu in inis ity
1: h	2
Signature/Registered Agent	Date
1'h	3/05
Signature/Incorporator	Date