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## TRANSMITTAL LETTER

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

SUBJECT: Keith Hargrove Insurance, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: Keith G. Hargrove  
Name (Printed or typed)

200 West Base Street,  
Address

Madison, FL 32340  
City, State & Zip

850-973-6641  
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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Keith Hargrove Insurance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

200 West Base Street  
Madison, FL 32340

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Providing Insurance and Financial Services.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Keith G. Hargrove - (Insurance Agent)  
200 West Base Street  
Madison, FL 32340

**ARTICLE VI REGISTERED AGENT**

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

John M. Grayson  
118 Salem Court Suite B  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

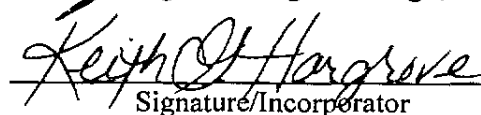
The name and address of the Incorporator is:

Keith G. Hargrove  
200 West Base Street  
Madison, FL 32340

\*\*\*\*\*  
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

8/9/2005  
Date

  
Signature/Incorporator

8-9-05  
Date