

P05000 148995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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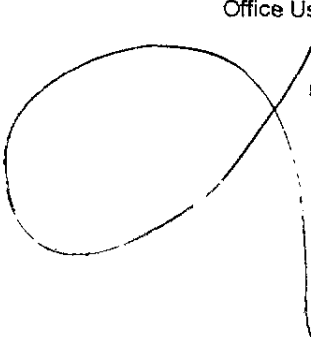
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## COVER LETTER

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

**SUBJECT:** LOOK! Florida No-Fault Auto Insurance Agencies, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** John A Wolding

Name (Printed or typed)

17954 Branch Rd.

Address

Hudson, Florida 34667

City, State & Zip

727 819 0200

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)

**ARTICLE I NAME**

The name of the corporation shall be:

LOOK! Florida No-Fault Auto Insurance Agencies, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

17954 Branch Rd. Hudson, Fl 34667

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To do any business that is legal in the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

John A Wolding 17954 Branch Rd Hudson, Florida 34667 President  
Richard D Clark

**ARTICLE VI REGISTERED AGENT**

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

John A Wolding 17954 Branch Rd Hudson, Florida 34667


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

John A Wolding 17954 Branch Rd Hudson, Florida 34667

\*\*\*\*\*

*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

  
Date

  
Signature/Incorporator

  
Date

FILED  
05 MAY -7 PM 1:59  
TALLAHASSEE, FLORIDA