

90600001 8518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

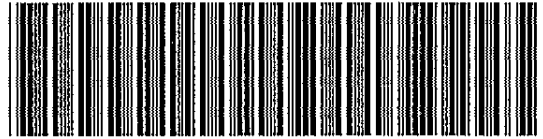
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK Per Kim Hood
to add Company

Office Use Only



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02/06/06--01030--007 **78.75

FILED
06 FEB -6 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/9/06

COVER LETTER

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

SUBJECT: BEAR INSURANCE COMPANY
(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: Kim Hood
Name (Printed or typed)

4003 GATEWOOD DR
Address

SARASOTA, FL 34232
City, State & Zip

(719) 531-6868
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:

BEAR INSURANCE Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4003 GATEWOOD DR
SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL INSURANCE

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):

Kim Hood - PRESIDENT - 4003 GATEWOOD DR, SARASOTA, FL 34232

ARTICLE VI REGISTERED AGENT

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

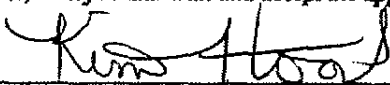
Kim Hood - 4003 GATEWOOD DR, SARASOTA, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim Hood - 4003 GATEWOOD DR, SARASOTA, FL 34232

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

2-1-06

Date



Signature/Incorporator

2-1-06

Date

FILED
06 FEB -6 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA