

P06000041283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

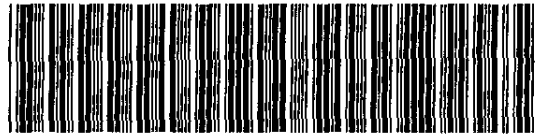
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 MAR 22 AM 10:02
SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS

06 MAR 22 AM 9:39
RECEIVED
OFFICE OF THE
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JUDICIAL BRANCH
JULIA A. BROWN

COVER LETTER

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

SUBJECT: Builders Insurance Group Co.
(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: Craig Edwards
Name (Printed or typed)

7035 Philips Hwy Ste 6

Address

Jacksonville, FL 32216

City, State & Zip

904 302-6050

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:

Builders Insurance Group *7L Division, Co.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7035 Phillips Hwy Ste 6
Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance

ARTICLE IV SHARES

The number of shares of stock is:

2,894,893 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Allen Richardson - Chairman - 2410 Paces Ferry Rd SE Atlanta, GA
Bill Lohmeyer - President & CEO - 2410 Paces Ferry Rd SE Atlanta, GA
Gerald Hurt - President & CFO of Florida Division, 1650 San Pablo Road South Ste: 155 Jacksonville, FL
Patrick J. Mitchell - CFO - 2410 Paces Ferry Rd SE Atlanta, Ga
Craig Edwards - Vice President - 2410 Paces Ferry Rd SE Atlanta, GA

ARTICLE VI REGISTERED AGENT

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

Gerald Hurt
1650 San Pablo Road South Ste: 155
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gerald Hurt
1650 San Pablo Road South Ste: 155
Jacksonville, FL 32224

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

3-22-06
Date


Signature/Incorporator

3-22-06
Date

FILED
06 MAR 22 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA