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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Gator Auto Insurance of Seminole County 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:** Robert Sacco

Name (Printed or typed)

1075 Gregory Dr.

Address

Maitland

Fl.

32751

City, State & Zip

321 356 0692

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:

Gator Auto Insurance of Seminole County *Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

329a Sanford Ave  
Sanford, Fl. 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**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):

Robert Sacco 1075 Gregory Dr. Maitland, Fl. 32751 President & CEO  
Tara Sacco 1075 Gregory Dr. Maitland, Fl. 32751 VP

**ARTICLE VI REGISTERED AGENT**

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

Robert Sacco 1075 Gregory Dr. Maitland, Fl. 32751

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Sacco 1075 Gregory Dr. Maitland, Fl. 32751

\*\*\*\*\*

*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

4.11.06  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4.11.06  
Date

FILED  
06 APR 14 PM 4:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA