

PO6000077729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

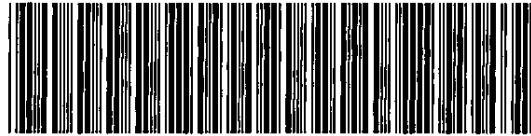
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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06 JUN -6 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.L. 6-6

COVER LETTER

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

SUBJECT: TOM WHITE INSURANCE SALES, 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: ELMER THOMAS WHITE
Name (Printed or typed)

11904 NICKLAUS CIRCLE
Address

TAMPA, FLORIDA 33624
City, State & Zip

813-857-4606
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:

Tom White Insurance Sales, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11904 Nicklaus Circle, Tampa, Florida 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Individual and Group Health Insurance Sales

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):

Elmer Thomas White, 11904 Nicklaus Circle, Tampa, FL 33624 President/Secretary

Diane Frances Anderson 11904 Nicklaus Circle, Tampa, FL 33624 Vice President/Treasurer

ARTICLE VI REGISTERED AGENT

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

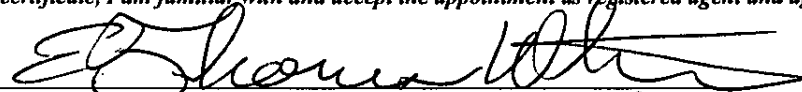
Elmer Thomas White
11904 Nicklaus Circle
Tampa, Florida 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elmer Thomas White
11904 Nicklaus Circle
Tampa, Florida 33624

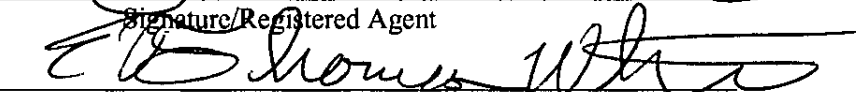
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

June 1, 2006

Date



Signature/Incorporator

June 1, 2006

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA