

PO6000107766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

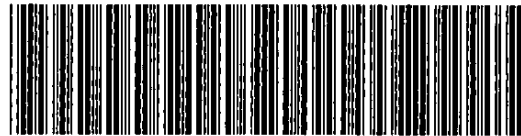
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100076575951

07/06/06--01019--008 \*\*78.75

FILED  
06 AUG 17 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pa

## COVER LETTER

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

SUBJECT: Leanne R Hendon Insurance Agcy 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: Leanne R Hendon

Name (Printed or typed)

19618 Gunn Hwy

Address

Odessa, Florida 33556

City, State & Zip

813-748-6548

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2006

LEANNE R HENDON  
8543 GUNN HWY  
ODESSA, FL 33556

SUBJECT: LEANNE R HENDON INSURANCE AGCY IC.  
Ref. Number: W06000030515

We have received your document for LEANNE R HENDON INSURANCE AGCY IC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent and street address must be consistent wherever it appears in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 806A00044402

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 608, Florida Statutes, S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Leanne R Hendon Insurance Agcy Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8543 Gunn Hwy Odessa, Florida 33556

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
selling of 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):

Leanne R Hendon 19618 Gunn Hwy Odessa, Florida 33556 President  
8543  
LRH

## ARTICLE VI REGISTERED AGENT

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

8543 Gunn Hwy Odessa Florida 33556  
Leanne R Hendon

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

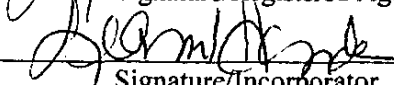
Leanne R Hendon 19618 Gunn Hwy Odessa, Florida 33556  
8543  
LRH

FILED  
06 AUG 17 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

  
Signature/Incorporator

6-29-06  
Date

6-29-06  
Date