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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 10-5

COVER LETTER

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

SUBJECT: PARTEE INSURANCE AGENCY, 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: J. RANDALL FAITH
Name (Printed or typed)

908 VILLAGE OAKS DR.
Address

COVINA, CA 91724
City, State & Zip

(626) 331-1777
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

06 OCT -5 PM 4:17

ARTICLE I NAME

The name of the corporation shall be: PARTEE INSURANCE AGENCY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 175 BLANDING BLVD., STE. 5, ORANGE PARK, FLORIDA 32073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED, SPECIFICALLY INCLUDING SALES OF INSURANCE POLICIES AS AN AGENT/BROKER.

ARTICLE IV SHARES

The number of shares of stock is: TEN THOUSAND (10,000) PARTEE FAMILY TRUST

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WAYNE PARTEE, President, 973 Las Rosas Dr., West Covina, CA 91791

KATHEE PARTEE, Secretary/Treasurer, 973 Las Rosas Dr., West Covina, CA 91791

CINDI PARTEE, Vice President, 973 Las Rosas Dr., West Covina, CA 91791

ARTICLE VI REGISTERED AGENT

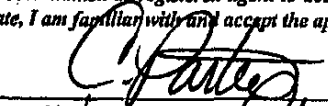
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


CINDI L. PARTEE
175 BLANDING BLVD. #5
ORANGE PARK FL. 32073**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WAYNE PARTEE, 973 Las Rosas Dr., West Covina, CA 91791

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 CINDI L. PARTEE


Signature/Incorporator WAYNE PARTEE

9-29-06

Date

10-3-06

Date