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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 11-28

COVER LETTER

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

SUBJECT: Shaefer 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: Brian J. Shaefer
Name (Printed or typed)

3220 Duan Ter
Address

North Port, FL 34286
City, State & Zip

941-539-9218
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Shaefer Insurance Agency, ~~Inc~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business: 530 U.S. 41 By-Pass Unit 8A
Venice, FL 34285

mailing
3220 Duan Ter
North Port, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

1000 One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brian J. Shaefer (President)
3220 Duan Ter
North Port, FL 34286

Timothy M. Stakem
3681 Waywand Ave
North Port, FL 34286
(Vice President)

ARTICLE VI REGISTERED AGENT

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

Brian Shaefer
3220 Duan Ter
North Port, FL 34286

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Brian J. Shaefer
3220 Duan Ter
North Port, FL 34286

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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 — 11/19/06 Date

Signature/Incorporator — 11/19/06 Date