

P06000147442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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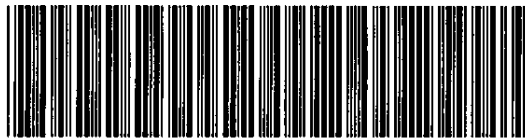
(Business Entity Name)

(Document Number)

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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)

ARTICLE I NAME

The name of the corporation shall be:

Shaefer Insurance Agency,

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

BUSINESS: 530 U.S. 41 Bypass Unit 8A mailing
VENICE, FL 34285
3220 DUAN TEN
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 TEN
NORTH PORT, FL 34286

Timothy M. Stakem
3681 WAGWAND 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 TEN
NORTH PORT, FL 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian J. Shaefer
3220 DUAN TEN
NORTH PORT, FL 34286

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

Date

Date