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PICK-UP	☐ WAIT	MAIL		
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## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:		30 YD (Printed or typed)			
2752 BELLERIVE DRIVE					
LAKELAND, FLA. 33803 City, State & Zip					
	1 012-107-1	C543			

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

Daytime Telephone number

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME The name of the corporation shall be: "BALDY" BOYD STATE FARM INS. AGENCY, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2752 BELLERIVE DRIVE LAKELAND, FLA. 33803 ARTICLE III PURPOSE The purpose for which the corporation is organized is: SAZE OF INSURANCE ARTICLE IV SHARES The number of shares of stock is: 5000 SHARKS @ \*1 PAR PER SHARE INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): GLORIA J. BOYD-VP & SEC JIM D. BOYD-PRES - TREAS 2752 BELLERIVE DRIVE 1752 BELLERIVE DRIVE LAKELAND, PLA 33803 LAKELAND, FLA. 33803 REGISTERED AGENT The name and Florida street address of the registered agent is: JIM D. BOYD 2752 BELLERIVE DRIVE LAKELAND, PLA. 33803 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: MIC BELLERIVE DRIVE LAKELAND KLA. 33803 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

istered Agent