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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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B. McKnight FEB 2 6 2007

# **COVER LETTER**

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

SUBJECT: JACKSON NSIRANCE MGENCY, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

570.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

\$78.75	<b>\$87.50</b>		
Filing Fee	Filing Fee,		
& Certified Copy	Certified Copy		
	& Certificate of		
	Status		
ADDITIONAL COPY REQUIRED			

Scott 1 AMATO FROM: <u>GGI ORANGE AVE</u> Address WINTER PARK, FE City, State & Zip 2789 7-538-6884 Davtime 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:

Jackson Insurance Agency, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

961 Orange Ave, Winter Park FL 32789

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Sales

### ARTICLE IV SHARES

The number of shares of stock is: 10000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Scott T D'Amato 1363 Harmon Ave., Winter Park, FL 32789

#### ARTICLE VI REGISTERED AGENT

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

Scott T. D'Amato 1363 Harmon Ave, Winter Park, FL 32789

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Scott T. D'Amato

1363 Harmon Ave, Winter Park, FL 32789

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

ignature/Registered Agent

Signature/Incorporator

