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SECKETARY OF STATE
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T. Burch MAY 1 2007

COVER LETTER

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

SUBJECT: <i>BAI</i>	AD MOSHER INCO. (PROPOSED CORPORA	RPORTED	
	(PROPOSED CORPORA		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	BRAD MOSHER Name	(Printed or typed)	
	OCALA, FLO City	OR IOA 34472 State & Zip 899	2

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)

ARTICLE I NAME

The name of the corporation shall be:

BRAD MOSHER WCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6 HICKORY LOOP WAY OCALA, FLORIDA 34472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE UNDERWRITER

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

BRAD MOSHER PRESIDENT

6 HICKORY LOOP WAY

OCALA, FLORIDA 34472

ARTICLE VI REGISTERED AGENT

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

BRAD MOSHER 6 HICKORY LOOP WAY

BOALA, FLORIDA 34472

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

BRAT MOSHER

6 HIERORY LOOP WAY

OCALA, FLORIDA 34472

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/Incorporator

04-28-07 Date

04 - 28 - 07 Date