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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

FILED
07 JUL 16 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Fletcher & Associates Insurance, 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: Michael N Fletcher

Name (Printed or typed)

900 20th Place Suite B

Address

Vero Beach, Florida 32960

City, State & Zip

772-473-1464

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:

Fletcher & Associates Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

900 20th Place Suite B
Vero Beach, Florida 32960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance sales and any other lawful activities.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael N Fletcher, President
900 20th Place Suite B
Vero Beach, Florida 32960

ARTICLE VI REGISTERED AGENT

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

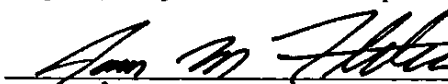
Jason M Fletcher
6016 6th Place
Vero Beach, Florida 32968

ARTICLE VII INCORPORATOR

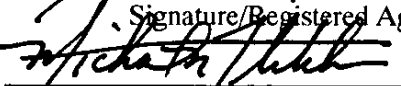
The name and address of the Incorporator is:

Michael N Fletcher
900 20th Place Suite B
Vero Beach, Florida 32960

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/12/2007

Date

7/12/2007

Date