

P07000092716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

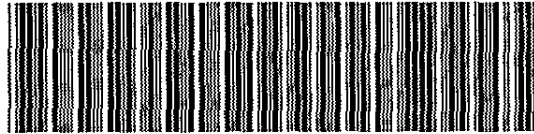
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 AUG 17 PM 4:46
SECRET
TALLAHASSEE, FL 32301-1000

Handwritten signature

Charlotte D. Hanna
4825 Luqui Court
West Palm Beach, FL., 33415

Telephone No. 561-339-9231



August 14, 2007

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application for Incorporation in the State of Florida

Enclosed is my application for my business to become incorporated in the State of Florida.

I have enclosed my payment to cover all required fees in the amount of \$87.50, by way of cashier's check.

Please issue my Federal Employer ID Number as soon as possible so that I can begin to conduct business at my business address as soon as possible.

Should we need to further discuss this matter, please feel free to contact me on my telephone number (561) 339-9231.

Thank You.

Sincerely,

A handwritten signature in cursive script, appearing to read "CHanna".

Charlotte Hanna
Insurance Agent

cc: file

COVER LETTER

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

SUBJECT: Willson 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: Delta Auto Insurance
Name (Printed or typed)

2590 Forest Hill Boulevard
Address

West Palm Beach, FL 33406
City, State & Zip

561-339-9231
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:

WillSon Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2590 Forest Hill Blvd.
West Palm Bch, FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

P+C General Lines Insurance Agency, Inc.

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):

Charlotte D. Hanna, President
4825 LUQUET COURT
W. PALM BCH, FL. 33415

ARTICLE VI REGISTERED AGENT

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

Charlotte D. Hanna, Reg. Agent
4825 LUQUET COURT
W. PALM BCH, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charlotte D. Hanna, Ind.
4825 LUQUET CT.
W. PALM BCH, FL. 33415

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

Charlotte D. Hanna, Reg. Agent
Signature/Registered Agent

8/7/07
Date

Charlotte D. Hanna, Ind.
Signature/Incorporator

8/7/07
Date

FILED
07 AUG 17 PM 4:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE