

P07000 100793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robert **GAVE**

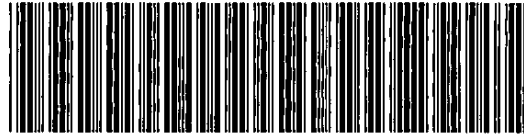
AUTHORIZATION BY PHONE TO

CORRECT articles

DATE 9/11/07

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2007 SEP 10 P 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE SEP 11 2007

COVER LETTER

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

SUBJECT: Insurerance, 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: Robert M. Fries
Name (Printed or typed)

8 St. Charles Place
Address

Flagler Beach FL 32136
City, State & Zip

386. 439. 3488
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:

Insurance, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: Mailling address:

705 N. Oceanshore Blvd. / 8 St. Charles Place
Flagler Beach Fl. 32136 / Flagler Beach Fl. 32136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful Business

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):

Robert M. Fries President
Charity H. Fries Vice President

ARTICLE VI REGISTERED AGENT

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

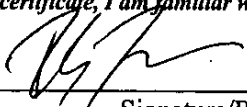
Robert M. Fries
8 St. Charles Place
Flagler Beach Fl. 32136

ARTICLE VII INCORPORATOR

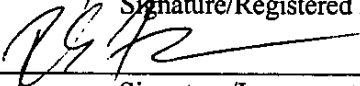
The name and address of the Incorporator is:

Robert M. Fries
8 St. Charles Place
Flagler Beach Fl. 32136

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 Robert M. Fries

9/7/07
Date


Signature/Incorporator Robert M. Fries

9/7/07
Date