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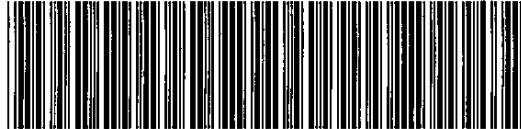
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10/22/07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 280320 11405A

AUTHORIZATION :

COST LIMIT : \$ PRE-PAID

ORDER DATE : October 19, 2007

ORDER TIME : 9:45 AM

ORDER NO. : 280320-005

CUSTOMER NO: 11405A

DOMESTIC FILING

NAME: LAKERIDGE INSURANCE SERVICES,
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
OF
LAKERIDGE INSURANCE SERVICES, INC..

The undersigned, acting as incorporator of Lakeridge Insurance Services, Inc., under the Florida General Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation is:

Lakeridge Insurance Services, Inc.

ARTICLE II. COMMENCEMENT OF EXISTENCE

The existence of the corporation will commence on the date of filing of these Articles of Incorporation.

ARTICLE III. PURPOSE

This corporation may engage in any activity or business permitted under the laws of the United States and Florida.

ARTICLE IV. PRINCIPAL OFFICE

The street address of the initial principal office of the corporation is 147 Avenue C SW, Suite 120, Winter Haven, Florida 33880. The mailing address of the initial principal office of the corporation is P.O. Box 112, Winter Haven, Florida 33882.

ARTICLE V. AUTHORIZED SHARES

The maximum number of shares that the corporation is authorized to issue is 10,000 shares of common stock. Such shares shall have a par value of \$1.00. The consideration to be paid for each share shall be fixed by the board of directors and may be paid in whole or in part in cash or other property, tangible or intangible, with a value, in the judgment of the directors, equivalent to or

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greater than the full par value of the shares. The common stock has unlimited voting rights and is entitled to receive the net assets of the corporation upon dissolution.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered office is 147 Avenue C SW, Suite 120, Winter Haven, Florida 33880, and the name of the corporation's initial registered agent is Matthew D. Alexander.

ARTICLE VII. INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time, as provided in the bylaws, but shall never be less than one (1). The name and street address of the initial directors are:

<u>NAME</u>	<u>ADDRESS</u>
William Bryan May	9706 Lake Isleworth Court Windermere, FL 34786
A. Maxwell Eliscu	253 East Webster Avenue Winter Park, FL 32789

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
William Bryan May	9706 Lake Isleworth Court Windermere, FL 34786

The incorporator of the corporation assigns to this corporation his rights under Section 607.0201, Florida Statutes, to constitute a corporation, and he assigns to those persons designated by the board of directors any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date corporate existence begins.

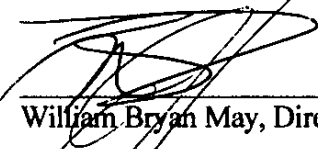
FISCAL YEAR

RESOLVED, that the corporation adopts a fiscal year ending December 31.

SALARY PAYMENTS

RESOLVED, that salary payments to an officer of the corporation that are disallowed in whole or in part as deductible expense for federal income tax purposes shall be reimbursed by the officer to the corporation to the full extent of the disallowance, and it shall be the duty of the board of directors to enforce payment of each amount disallowed.

IN WITNESS WHEREOF, the undersigned directors of LAKERIDGE INSURANCE SERVICES, INC., designated in its Articles of Incorporation have executed this consent as of this 11 day of October, 2007.



William Bryan May, Director



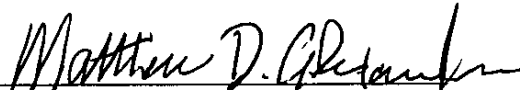
A. Maxwell Eliscu, Director

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted:

That LAKERIDGE INSURANCE SERVICES, INC. desiring to organize under the laws of the state of Florida with its initial registered office, as indicated in the Articles of Incorporation, at 147 Avenue C SW, Suite 120, Winter Haven, State of Florida, 33880, has named Matthew D. Alexander, located at Peterson & Myers, P.A., 141 5th Street NW, Winter Haven, FL 33881, as its agent to accept service of process within this state.

Having been named to accept service of process for the corporation named above, at the place designated in this certificate, I agree to act in that capacity and to comply with the provisions of the Florida General Corporation Act relative to keeping open the registered office.


Matthew D. Alexander
Registered Agent

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