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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

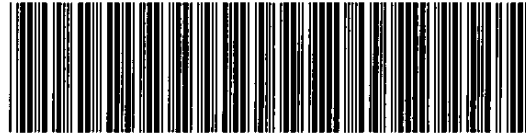
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 OCT 31 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

TRANSMITTAL LETTER •

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

SUBJECT: CALLAWAY NORTH, 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: CALLAWAY NORTH, INC.  
Name (Printed or typed)

9261 S. TWIST ROAD  
Address

FLORAL CITY, FL 34436  
City, State & Zip

352-302-9074  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*CALLAWAY NORTH, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*9261 S. TWIST ROAD  
FLORAL CITY, FL 34436*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*SALE + SERVICE OF Insurance Products.  
Also, any and all lawful business.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*500*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*CALLAWAY NORTH  
9261 S. TWIST ROAD  
FLORAL CITY, FL 34436*

**ARTICLE VI REGISTERED AGENT**

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

*CALLAWAY NORTH  
9261 S. TWIST ROAD  
FLORAL CITY, FL 34436*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*CALLAWAY NORTH  
9261 S. TWIST ROAD  
FLORAL CITY, FL 34436*

\*\*\*\*\*

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

x *[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

x *10/30/07*  
\_\_\_\_\_  
Date

x *[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

x *10/30/07*  
\_\_\_\_\_  
Date