

PO7000/22766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

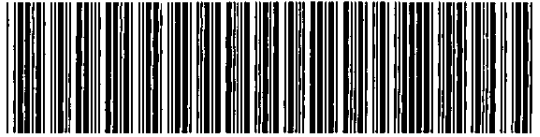
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/13/07--01028--008 \*\*78.75

MRS  
11/14

FILED  
07 NOV 13 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Bob DiMuzio Insurance Agency 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Bob DiMuzio Insurance Agency Inc.  
Name (Printed or typed)

912-B Kings Highway  
Address

Port Charlotte, Fl 33980  
City, State & Zip

941-743-8383  
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:

Bob DiMuzio Insurance Agency Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

912-B Kings Highway, Port Charlotte, Florida 33980

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To sell and service insurance policies in the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

Five

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

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

Bob DiMuzio, 24170 Treasure Island Blvd, Punta Gorda, Fl 33955

(President, Treasurer, Secretary )

Jean DiMuzio, 24170 Treasure Island Blvd, Punta Gorda, Fl 33955

(Vice President)

**ARTICLE VI REGISTERED AGENT**

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

Bob DiMuzio, 24170 Treasure Island Blvd, Punta Gorda, Fl 33955

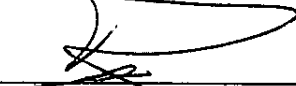
**ARTICLE VII INCORPORATOR**

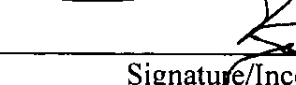
The name and address of the Incorporator is:

Bob DiMuzio, 24170 Treasure Island Blvd, Punta Gorda, FL 33955

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*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

FILED

07 NOV 13 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-9-07

Date

11-9-07

Date