## P0800007464

(Requestor's Name)	
(Address)	
(Address)	
, ,	
(City/State/Zip/Phone #)	
(Oity/State/Zip/Filone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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OB JAN 23 AM 10: 02
SECRETARY OF STATE

80/25/1

## **COVER LETTER**

08 JAN 23 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| \$70.00 | \$78.75 | \$87.50 | \$87.50 |
Filing Fee Filing Fee & Certificate of Status | & Certified Copy & Certified Copy & Certificate of Status |
ADDITIONAL COPY REQUIRED

| Thomas W. Tolbet | Name (Printed or typed)

Jack sonville, FL 32224 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

## ARTICLE I NAME The name of the corporation shall be: OB JAN 23 AM 10: 02 TOCK INSURANCE PARTICLE I PRINCIPAL OFFICE

The principal place of business/mailing address is:
11555 Central PKWy, Site 802

Tacksonville, FL 32224

The purpose for which the corporation is organized is:

To conduct business as a connercial insurance agost

ARTICLE IV SHARES
The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas W. Tolbert, President
11555 Central Pkwy, Svite 802
Jacksonville, FL 32224

Karol A. Tolbert, Secretary Treasurer
11555 Central Pkwy, Svite 802

Jacksonville, FL 32224

Jacksonville, FL 32224

ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:	
Thomas W. Tolbert		
11555 Contral PKuy, Svite 802		
ARTICLE VII INCORPORATOR   FL 32224		
The name and address of the Incorporator is:		
Thomas W. Tolbert 11555 Central Phuy, Site 802 Jackson: lley FL 32224		
Jacksow: lle FL 32227	*******	
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  House W. Jolland	1/23/08 Date	
Signature/Incorporator	' Date	

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SECNE JANY UT STALLAHASSEE, FLORIDA