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03/10/08--01034--008 \*\*78.75

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2008 MAR 10 P 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 20 2008  
D. A. WHITE

## COVER LETTER

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

SUBJECT:

Northcoast Florida Insurance 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:

Debra Camille Hudson-Rood  
Name (Printed or typed)

4301 Creighton Rd Apt 59  
Address

Pensacola FL 32504  
City, State & Zip

850-582-8637  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2008

D. CAMILLE HUDSON  
4301 CREIGHTON RD APT 59  
PENSACOLA, FL 32504

SUBJECT: NORTH FLORIDA INSURANCE INC.  
Ref. Number: W08000012829

We have received your document for NORTH FLORIDA INSURANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00014905

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

Northcoast Florida Insurance Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principle street address and mailing address, if different is:

4301 Creighton Rd Apt 59  
Pensacola FL 32504

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Sales  
Life & Health

**ARTICLE IV SHARES**

The number of shares of stock is:

50

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

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

Debra Camille Hudson-Rood  
President - V P - Sec-Tres.  
4301 Creighton Rd Apt 59  
Pensacola FL 32504

**ARTICLE VI REGISTERED AGENT**

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

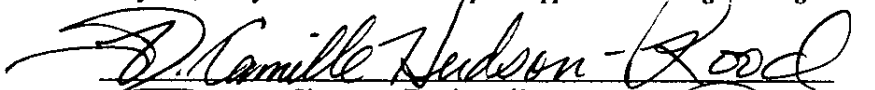

Debra Camille Hudson-Rood  
4301 Creighton Rd Apt 59  
Pensacola FL 32504

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Debra Camille Hudson-Rood  
4301 Creighton Rd Apt 59  
Pensacola FL 32504

\*\*\*\*\*  
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

3/16/08  
Date

3/16/08  
Date

Requested effective date 3/4/08