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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

41184

## COVER LETTER

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

SUBJECT: RON DENNISON 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: RONALD DENNISON  
Name (Printed or typed)

8019 N. HIMES AVE #405  
Address

Tampa FL 33624  
City, State & Zip

813-936-9063  
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:

RON DENNISON Insurance Agency INC

## ARTICLE II PRINCIPAL OFFICE

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

8019 N. Himes Ave #405 Tampa FL 33614

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Sales + Service

## ARTICLE IV SHARES

The number of shares of stock is:

10,000 PAR VALUE \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RONALD DENNISON - Pres - 16304 E. COURSE DR Tampa FL 33624  
RONALD DENNISON - VP, TREAS, SECT

## ARTICLE VI REGISTERED AGENT

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

RONALD DENNISON - 8019 N. Himes Ave #405  
Tampa FL 33614



## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RONALD DENNISON  
8019 N. Himes Ave #405 Tampa FL 33614

\*\*\*\*\*

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

4-8-08  
\_\_\_\_\_  
Date  
4-8-08  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA