

P080000 71953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

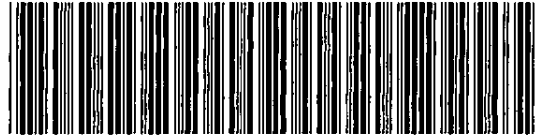
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500133523515

07/31/08--01020--007 **87.50

2008 JUL 31 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: FIRST ATLANTIC 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: J. Norman SAPP
Name (Printed or typed)

4425 US1 S. # 103
Address

ST. AUGUSTINE FL. 32086
City, State & Zip

904-540-3232
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:

FIRST ATLANTIC Insurance INC.

ARTICLE II PRINCIPAL OFFICE

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

4425 US1 S. # 103
ST. AUGUSTINE FL. 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate FULL Lines Insurance AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

J. Norman Sapp - OWNER/CEO
544 Willow Walk PL.
ST. AUGUSTINE FL. 32086

ARTICLE VI REGISTERED AGENT

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

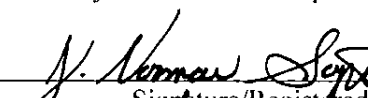
J. Norman Sapp
4425 US1 S. # 103
ST. AUGUSTINE FL. 32086

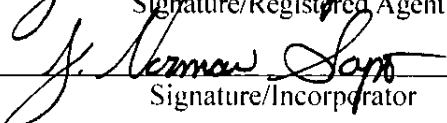
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

J. Norman Sapp
4425 US 1 S. # 103
ST. AUGUSTINE FL. 32086

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

7-28-2008

Date

7-28-2008

Date

FILED
2008 JUL 31 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA