

P08000078083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

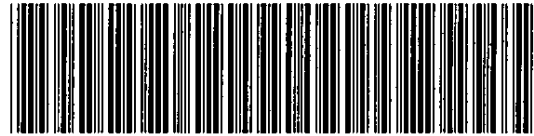
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: FIRST FLORIDA Insurance NETWORK 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 U.S. 1 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.

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TALLAHASSEE, FLORIDA

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 FLORIDA Insurance NETWORK, 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:

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

ARTICLE VI REGISTERED AGENT

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

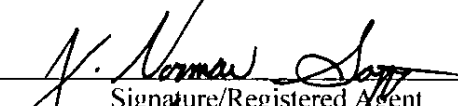
4425 US1 S. # 103 J. Norman Sapp
ST. AUGUSTINE FL. 32086

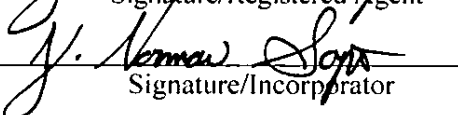
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

J. Norman Sapp
544 Willow Walk Place
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

8-19-2008

Date

8-19-2008

Date