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SECRETARY OF STAIL
DIVISION OF CORPORATION

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COVER LETTER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2008 DEC -8 PM 2: 13

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

SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: <u>H/</u>	AROLD E. MONTFORD Name	e (Printed or typed)	
	17665 NE PEAR ST	Address	
	BLOUNTSTOWN, FL 32424 City, State & Zip		
	850-674-8005 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2008 DEC -8 PM 2: 13

ARTICLE I NAME

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The name of the corporation shall be:

PANHANDLE INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 17665 NE PEAR ST., BLOUNTSTOWN, FL 32424

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALE OF INSURANCE PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
HAROLD E. MONTFORD, 17665 NE PEAR ST., BLOUNTSTOWN, FLORIDA, PRESIDENT
VICKI M. MONTFORD, 17665 NE PEAR ST., BLOUNTSTOWN, FLORIDA, SECRETARY TREASURER

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: HAROLD E. MONTFORD, 17665 NE PEAR ST., BLOUNTSTOWN, FLORIDA 32424

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: HAROLD E. MONTFORD, 17665 NE PEAR ST., BLOUNTSTOWN, FLORIDA 32424