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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

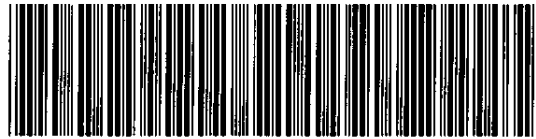
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FILED  
09 MAR 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/16

Law Offices of

**WILLIAM J. KIMPTON, PA**

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605 Palm Boulevard, Suite B  
Dunedin, FL 34698

Telephone: (727) 733-7500  
FAX: (727) 733-7511  
email: [bill@kimptonlaw.com](mailto:bill@kimptonlaw.com)

March 10, 2009

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

RE: Robert Hoffman Insurance, Inc.  
Our File No. 1680.366

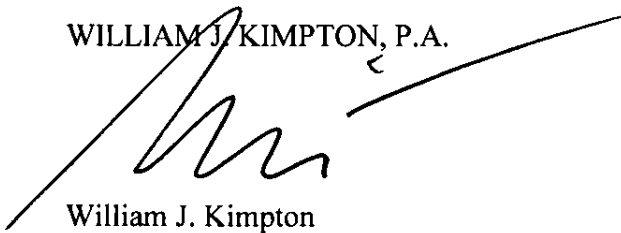
Gentlemen:

Enclosed please find original and photocopy of Articles of Incorporation regarding the above referenced corporation.

Further enclosed is a check in the amount of \$78.75 to cover the cost of the filing fee. Please return a certified copy of the Articles of Incorporation to the undersigned after filing.

Very truly yours,

WILLIAM J. KIMPTON, P.A.



William J. Kimpton

WJK:jll

Enclosures

**FILED**

09 MAR 12 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
ROBERT HOFFMAN INSURANCE, INC.**

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

**ARTICLE I. NAME**

The name of the corporation shall be: ROBERT HOFFMAN INSURANCE, INC.

The address of the principal office of this corporation shall be 851 Weathersfield Drive, Dunedin, Florida 34698, and the mailing address of the corporation shall be the same.

**ARTICLE II. NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock having One and No/100 (\$1.00) Dollar par value per share.

**ARTICLE IV. REGISTERED AGENT**

The street address of the initial registered office of the corporation shall be 851 Weathersfield Drive, Dunedin, Florida 34698, and the name of the initial registered agent of the corporation at that address is Robert Hoffman.

**ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE VI. SPECIAL PROVISION**

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code.

**ARTICLE VII. INDEMNIFICATION**

The corporation may indemnify any officer, director, employee, or agent or any former officer, director, employee, or agent to the extent permitted by law.

**ARTICLE VIII. INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation: 851 Weathersfield Drive, Dunedin, Florida 34698. Robert Hoffman.

**IN WITNESS WHEREOF**, the undersigned has hereunto set his hand and seal on the 10<sup>th</sup> day of March, 2009.

  
Robert Hoffman

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**

09 MAR 12 PM 5:00

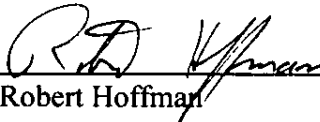
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ROBERT HOFFMAN INSURANCE, INC.
2. The name and address of the registered agent and office is:

Robert Hoffman  
851 Weathersfield Drive  
Dunedin, FL 34698

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Robert Hoffman

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL