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#### TRANSMITTAL LETTER

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

вјест:	W. M. MOODY INSURANCE GROUP, INC.  (Proposed corporate name - must include suffix)			
osed is an original	l and one(1) copy of the article	s of incorporation and a ch	eck for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	St22x50x\$78.75 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COP	Y REQUIRED	
FROM:	William M. Moody	rinted or typed)		
	rante (r.	runed or typed)		
	15770 Jim Court		TA,L	
•	Address			
	Jacksonville, FL 3	SEURE JARY		
,	City, State & Zip			
	904-751-0449°		-0810A	
•		elenhone number		

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I

The name of the corporation shall be: W. M. MOODY INSURANCE GROUP, INC.

ARTICLE II DURATION: THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

# PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15770 Jim Court Jacksonville, FL 32218

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares - No Par

## INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

William M. Moody 15770 Jim Court Jacksonville, FL 32218

# INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

William M. Moody 15770 Jim Court Jacksonville, FL 32218

2009 May 1,

Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

May 1, 2009

Date