

PO9000045172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

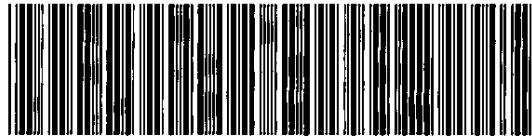
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700155930917

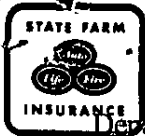
05/20/09--01019--010 **78.75

FILED

09 MAY 20 AM 7:56

SECRETARY OF STATE
FILING OFFICE

PK



COVER LETTER

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

SUBJECT: Susan Lee Insurance Agency 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: Susan M. Lee
Name (Printed or typed)

1414 W. Granada Blvd. Ste #5
Address

Ormond Beach, FL 32174
City, State & Zip

386-677-5154
Daytime Telephone number

Susan.Lee.FAE@statefarm.com
E-mail address: (to be used for future annual report notification)

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:

Susan Lee Insurance Agency Inc.

ARTICLE II PRINCIPAL OFFICE

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

1414 W. Granada Blvd.
Ste #5, Ormond Bch, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New Business - Insurance Agent

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):

Susan M. Lee, owner/president

ARTICLE VI REGISTERED AGENT

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

Susan Lee
1414 W. Granada Blvd. Ste #5
Ormond Bch, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan M. Lee, 6 Brooke Station Dr.
Ormond Bch, FL 32174

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

Susan M Lee
Signature/Registered Agent
Susan M Lee
Signature/Incorporator

5/12/09
Date
5/12/09
Date

FILED
09 MAY 20 AM 7:56
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA