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(Business Entity Name)

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000170413690

02/26/10--01038--015 **78.75

FILED
10 MAR -8 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1000010484

3-10-10 CR

COVER LETTER

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

SUBJECT: Fergusons 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Terence Ferguson

Name (Printed or typed)

7704 SW 7th Street

Address

North Lauderdale, FL 33068

City, State & Zip

Daytime Telephone number

fergusonsinsurance@bellsouth.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2010

TERENCE FERGUSON
7704 SW 7TH STREET
NORTH LAUDERDALE, FL 33068

SUBJECT: FERGUSONS INSURANCE AGENCY, INC.
Ref. Number: W10000010484

We have received your document for FERGUSONS INSURANCE AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 810A00005085

RECEIVED
10 MAR -8 PM 1:38
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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:

FERGUSON STATEWIDE INSURANCE AGENCY, INC

ARTICLE II PRINCIPAL OFFICE

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

750 E Sample Rd. Bldg 3 Ste 1
POMPANO BEACH, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE

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):

TERENCE FERGUSON - PRESIDENT
7704 SW 7th St.
North Lauderdale, FL. 33068

TWYLER FERGUSON - OFFICER
7704 SW 7th St.
North Lauderdale, FL. 33068

ARTICLE VI REGISTERED AGENT

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

TERENCE FERGUSON
7704 SW 7th St.
North Lauderdale, FL. 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TERENCE FERGUSON
7704 SW 7th St.
North Lauderdale, FL. 33068

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

Terence R. Ferguson

Signature/Registered Agent

Terence R. Ferguson

Signature/Incorporator

3/6/2010

Date

3/6/2010

Date

FILED
10 MAR -8 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA