

P10000033796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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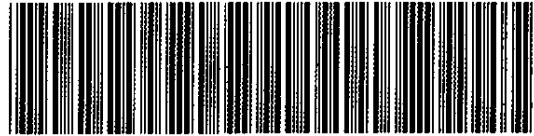
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Cato Insurance Group, 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: Jeffrey D. Cato

Name (Printed or typed)

6071 NW 4th Avenue

Address

Boca Raton, FL 33487

City, State & Zip

561-271-0661

Daytime Telephone number

gator328@aol.com

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

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:
Cato Insurance Group, Inc

The principal street address and mailing address, if different is:
 Location Address: in process
 Mailing Address: 6071 NW 4th Avenue, Boca Raton, FL 33487

The purpose for which the corporation is organized is:
Sell and Service Insurance and Financial Products

The number of shares of stock is: 100

List name(s), address(es) and specific title(s):

Jeffrey D. Cato President 6071 NW 4th Ave
Boca Raton, FL
33487

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:
Jeffrey D. Cato, 6071 NW 4th Avenue, Boca Raton, FL 33487

The **name and address** of the Incorporator is:
Jeffrey D. Cato, 6071 NW 4th Avenue, Boca Raton, FL 33487

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

Signature/Registered Agent

Signature/Incorporator

Date _____

Date _____