

P10000064157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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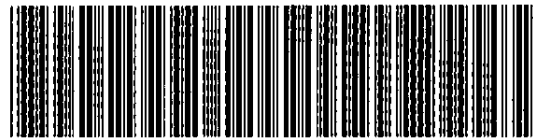
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 AUG -4 PM 3:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
8/6

216 27057

COVER LETTER

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

SUBJECT: TIME 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: JAMES R KUBEK

Name (Printed or typed)

115 W OLYMPIA AVE

Address

PUNTA GORDA FL 33950

City, State & Zip

941-637-7500

Daytime Telephone number

JamesK@timeinsuranceagency.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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TIME INSURANCE AGENCY INC

ARTICLE II PRINCIPAL OFFICE

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

115 W OLYMPIA AVE
PUNTA GORDA FL 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES R. KUBEK 115 W. OLYMPIA AVE PUNTA GORDA FL 33950
ASHLEY M KUBEK 115 W. OLYMPIA AVE PUNTA GORDA FL 33950

P.T
VP, S

ARTICLE VI REGISTERED AGENT

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

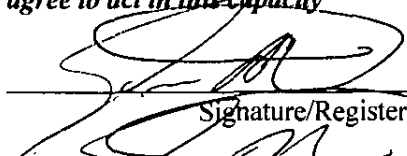
JAMES R KUBEK
115 W OLYMPIA AVE
PUNTA GORDA FL 33950

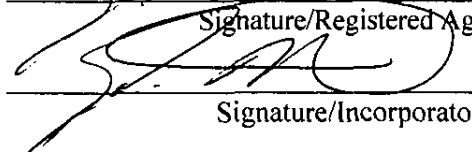
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES R KUBEK
115 W OLYMPIA AVE
PUNTA GORDA FL 33950

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

8-2-2010

Date

8-2-2010

Date