

P10000078896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

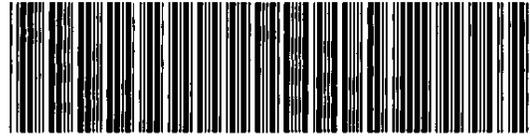
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000185855960

09/27/10--01050--006 \*\*70.00

FILED  
2010 SEP 27 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Chivers SEP 29 2010

**COVER LETTER**

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

**SUBJECT:** Sanderson 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:** Carin A. Sanderson  
Name (Printed or typed)

12465 Groveland Street  
Address

Spring Hill, FL 34609  
City, State & Zip

352-263-5609  
Daytime Telephone number

ed\_sanders@bellsouth.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 27 AM 11:23

**FILED**

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

