

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. Shivers 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.

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

Sanderson Insurance Group, Inc.

Brooksville, FL 34601

Insurance Agency

100

Date _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 AM 11:23

100