

711000015444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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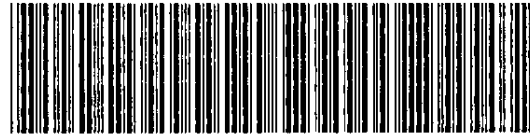
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-800-955-8877 FEB 15 2011

COVER LETTER

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

SUBJECT: Heritage Educators Insurance Co.

(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: Shannon Millican

Name (Printed or typed)

52 Tuscan Way, Ste 202-132

Address

St Augustine, FL 32092

City, State & Zip

904-599-2658

Daytime Telephone number

s_millican@hotmail.com

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

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

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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: **Heritage Educators Insurance Co**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2802 N 5th Street
St Augustine, FL 32084

Mailing address, if different is:

52 Tuscan Way, suite 202-132
St Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Exclusive Agency sales and service of insurance products as authorized by Horace Mann Educators Insurance.

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Shannon Millican</u>	Name and Title: _____
Address: <u>1348 Wekiva Way</u>	Address: _____
<u>St Augustine, FL 32092</u>	_____
<u>owner/ agent</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Shannon Millican
Address: 1348 Wekiva Way
St Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shannon Millican
Address: 1348 Wekiva Way
St Augustine, FL 32092

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



Required Signature/Registered Agent

2/10/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

2/10/2011
Date

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