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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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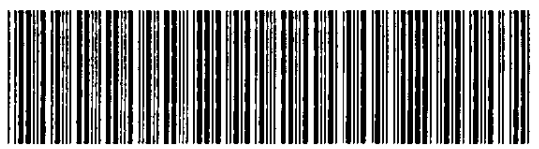
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 MAY - 6 PM 2:28

gr 5/9/11

**COVER LETTER**

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

**SUBJECT: Chamberlain 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 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: Brenda Chamberlain**

Name (Printed or typed)

**12538 Richards Rook Ln**

Address

**Jacksonville, FL 32246**

City, State & Zip

**(904) 307-4731**

Daytime Telephone number

**blbchamberlain@yahoo.com**

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

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

2011 MAY - 6 PM 2:28

REGISTRATION DIVISION OF CORPORATIONS

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 MAY -6 PM 2:28

**ARTICLE I NAME** Chamberlain Insurance Agency, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
12538 Richards Rook Ln  
Jacksonville, FL 32246

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To operate an Insurance Agency

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Brenda Chamberlain, Pres &amp; VP</u>	Name and Title: _____
Address: <u>12538 Richards Rook Ln</u>	Address: _____
<u>Jacksonville, FL 32246</u>	_____
_____	_____
Name and Title: <u>Karen Appling Sec &amp; Tres</u>	Name and Title: _____
Address: <u>2528 Abercorn Rd</u>	Address: _____
<u>Jacksonville, FL 32211</u>	_____
_____	_____
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: Brenda Chamberlain  
Address: 12538 Richards Rook Ln  
Jacksonville, FL 32246

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Brenda Chamberlain  
Address: 12538 Richards Rook Ln  
Jacksonville, FL 32246

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

Brenda Chamberlain Required Signature/Registered Agent 5-2-2011 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.

Brenda Chamberlain Required Signature/Incorporator 5-2-2011 Date