

P11000048733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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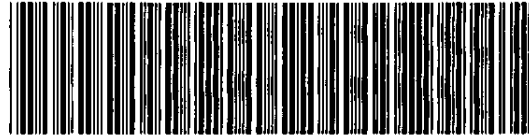
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
11 MAY 20 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/24/11

COVER LETTER

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

SUBJECT: **AC & DC, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **ALLEN C COLE**

Name (Printed or typed)

108 HORSESHOE BEND

Address

DE LEON SPRINGS, FL 32130

City, State & Zip

386-589-6633

Daytime Telephone number

ACOLESHOP@AOL.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)

ARTICLE I NAME

AC & DC, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
108 HORSESHOE BEND
DE LEON SPRINGS, FL 32130

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AGENCY FOR: HEALTH, LIFE, VARIABLE ANNUITY, PROPERTY AND
CASUALTY SALES AND CLIENT SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALLEN C COLE, PRESIDENT &
Address: TREASURER
108 HORSESHOE BEND
DE LEON SPRINGS, FL 32130

Name and Title: _____
Address: _____

Name and Title: DANIELLE M COLE, SECRETARY
Address: 108 HORSESHOE BEND
DE LEON SPRINGS, FL 32130

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DANIELLE M COLE
Address: 108 HORSESHOE BEND
DE LEON SPRINGS, FL 32130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALLEN C COLE
Address: 108 HORSESHOE BEND
DE LEON SPRINGS, FL 32130

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

Danielle M. Cole
Required Signature/Registered Agent

MAY 17, 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.

Allen C. Cole
Required Signature/Incorporator

MAY 17, 2011
Date

FILED
11 MAY 20 AM 9:42
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA