

P11000073087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

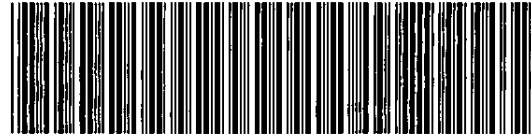
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MALLINTRETT BLDG. 100
2PM AUG 15 AM 9:28

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J. Shivers AUG 16 2011

COVER LETTER

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

SUBJECT: Allen 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

<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: Lea Ann Allen Name (Printed or typed)

1535 Cypress Dr., Suite #1 Address

Jupiter, FL 33469 City, State & Zip

800-335-0639 Daytime Telephone number

annie@AllenInsuranceAgency.com E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 15 AM 9:28

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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 Allen Insurance Agency, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1535 Cypress Dr.,
Suite #1
Jupiter, FL 33469

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
sell insurance

ARTICLE IV SHARES

The number of shares of stock is: 100 50% John T. Allen, 50% Lea Ann Allen

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John T. Allen/President
Address: 1535 Cypress Dr., Suite #1
Jupiter, FL 33469

Name and Title: Lea Ann Allen/Treasurer
Address: 1535 Cypress Dr., Suite #1
Jupiter, FL 33469

Name and Title: _____
Address: _____

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: Lea Ann Allen
Address: 1535 Cypress Dr., Suite #1
Jupiter, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lea Ann Allen
Address: 1535 Cypress Dr., Suite #1
Jupiter, FL 33469

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

8/4/11
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

8/4/11
Date