PILOCOOQUILOI

	•	
(Re	equestor's Name)	·
	•	
· ·		
(Ad	ldress)	<u> </u>
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
		—
☐ PICK-UP	WAIT	MAIL
•		
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
		•
Certified Copies	Certificates	of Status
0 : 11 1 1: 1	F. 500	
Special Instructions to	Filing Officer:	
		•
		1
		. 1
		Į
<u> </u>		· · · · · · · · · · · · · · · · · · ·





300213156653

10/14/11--01010--002 **87.50

ON OF THE PH 2: IN

or idin in

COVER LETTER

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

SUBJECT: Southall Crawford In (PROPOSED CORPORA)				
(I ROI OSED CORI ORA	TE NAME – <u>MOST INC</u>	LUDE SUPPIA)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	d a check for:	_	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: Marc Crawford Name	(Printed or typed)			
24237 Marsh Landing Pa	rkway			
,	ddress		2011	الرالا
Ponte Vedra Beach, FL	32082 State & Zip		2011 OCT 14	CONTAINE SION OF C
904 233 6153 Daytime Te	elephone number		PH 2:	Control of the contro
marccrawford@comcast. E-mail address: (to be used	net for future annual report	notification)	<u>ac</u>	***

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

ARTICLES OF INCORPORATION

HLEU	
LECRETARY OF SHARE	
JIVISION OF CORPUSATION	ŧ

A DOTOL IS I		•	77 and/or Chapter 621,	` ,	LECHETARY DIVISION OF CO	OF 5 14.13 1870a15
The name of the	corporation shall be:	Southall Crawford	d Insurance Agen	cy, Inc.	2011 OCT 14	
ARTICLE II	PRINCIPAL OF Principal stre 2725 N. Porotfin St. Augustine, FI	et address	····			
	PURPOSE which the corporation ses and Life insu					
ARTICLE IV The number of sh	hares of stock is:	1,000,000	· · · · · · · · · · · · · · · · · · ·			
Name and Address:	Title: Paul Michae 2725 N. Por	ERS AND/OR DIRECT Southall, Presider offino Rd see, FL 32092	Name and Title Address:	24237 Marsh	awford; EVP Landing Pky Beach, FL 32	
Name and Address:						
Name and Address:	Title:		Address:	:		
	Paul Micha 2725 N. P.	AGENT (P.O. Box NOT acceptal el Southall protfino Rd ine, FL 32092		ent is:		
ARTICLE VII The name and ac Name: Address:	ddress of the Incorpor Marc Craw 24237 Mars	ator is:	32			
	ogn famillar with and	ent to accept service of p accept the appointment of	as registered agent and			ated in

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