

PI2000000468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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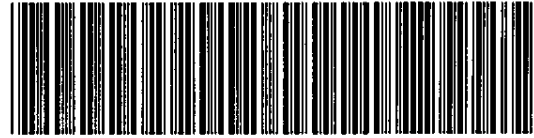
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN -3 PM 2:20

FILED

1/11

COVER LETTER

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

SUBJECT: **BILL CORDY INSURANCE 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: **BILL CORDY INSURANCE INC**

Name (Printed or typed)

2737 N HIAWASSEE RD

Address

ORLANDO FL 32818

City, State & Zip

407-298-9996

Daytime Telephone number

BILL.CORDY.CP8L@STATEFARM.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
FILED

ARTICLE I NAME BILL CORDY INSURANCE INC

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2737 N HIAWASSEE RD
ORLANDO FL 32818

MAILING ADDRESS, IF DIFFERENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS-EFFECTIVE AS OF 01/01/2012

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED SHARES-PAR VALUE \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	WILLIAM H CORDY	Name and Title:	
Address:	1831 ABBOTS HILL DR	Address:	
	ORLANDO FL 32819		

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: WILLIAM H CORDY
Address: 1831 ABBOTS HILL DR
ORLANDO FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM H CORDY
Address: 1831 ABBOTS HILL DR
ORLANDO FL 32819

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

X William H Cordy
Required Signature/Registered Agent

12-29-11
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.

X William H Cordy
Required Signature/Incorporator

12-29-11
Date