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(Business Entity Name)

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

Special Instructions to Filing Officer:

CORRECTED ZIP CODE OF  
PRINCIPAL ADDRESS PER  
TELEPHONE CONVERSATION  
WITH ROBERT J. LEHMAN.

TC 01/11/12

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12 JAN -9 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TC 01/11/12

**COVER LETTER**

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

**SUBJECT: D&L 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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Robert J. Lehman**  
Name (Printed or typed)

**2425 - 11th Street South**  
Address

**St. Petersburg, FL. 33705-3506**  
City, State & Zip

**727-290-7755**  
Daytime Telephone number

**boblehman@live.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** D&L Insurance Agency, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
601 N. Lois Avenue  
Tampa, FL 33609

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

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Insurance and any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert J. Lehman (P)  
Address: 2425 - 11th Street South  
St Petersburg, FL 33705-3506

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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: Robert J. Lehman  
Address: 2425 - 11th Street South  
St Petersburg, FL 33705-3506

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert J. Lehman  
Address: 2425 - 11th Street South  
St Petersburg, FL 33705-3506

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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

Robert J. Lehman  
(Required Signature/Registered Agent)

January 7, 2012  
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.

Robert J. Lehman  
Required Signature/Incorporator

January 7, 2012  
Date