

P12000043948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

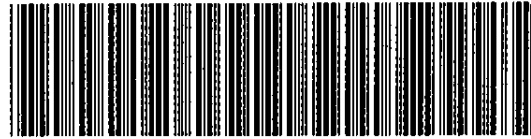
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500234745755

05/09/12--01011--019 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 9 AM 10:58

PS 5/10/12

COVER LETTER

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

SUBJECT: Precise 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Brentner M Bookwalter

Name (Printed or typed)

3815 Tamiami Trail, Unit B

Address

Port Charlotte, FL 33952

City, State & Zip

941-206-2435

Daytime Telephone number

brent@precisepayrollsolutions.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

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

12 MAY -9 AM 10: 58

ARTICLE II PRINCIPAL OFFICE

Principal street address
3815 Tamiami Trail, Unit B
Port Charlotte, FL 33952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brentner M. Bookwalter
Address: 3815 Tamiami Trail, Unit B
Port Charlotte, FL 33952

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: Brentner M. Bookwalter
Address: 3815 Tamiami Trail, Unit B
Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brentner M. Bookwalter
Address: 3815 Tamiami Trail, Unit B
Port Charlotte, FL 33952

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

5/4/12
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

5/4/12
Date