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COVER LETTER

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

SUBJECT: BAILEY and ASSOCIATES INSURANCE BROKERS, 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: WADE H. BAILEY
Name (Printed or typed)

2255 KUMPULA DR.
Address

DELTONA, FL 32738
City, State & Zip

386-848-6882
Daytime Telephone number

wadebailey.ba@gmail.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

Bailey and Associates Insurance Brokers, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2255 Kumpula Dr.
Deltona, FL 32738

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct all legal business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wade H. Bailey

Address: 2255 Kumpula Dr.
Deltona, FL 32738

Name and Title: President

Address: _____

Name and Title: Christine I. Bailey

Address: 2255 Kumpula Dr.
Deltona, FL 32738

Name and Title: Vice President

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: Wade H. Bailey

Address: 2255 Kumpula Dr.
Deltona, FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wade H. Bailey

Address: 2255 Kumpula Dr.
Deltona, FL 32738

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

Wade H. Bailey
Required Signature/Registered Agent

8-1-2012
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.

Wade H. Bailey
Required Signature/Incorporator

8-1-2012
Date