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(Requestor's Name)				
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(Document Number)				
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COVER LETTER

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

SUBJECT: Robert F. Joiner Insurance Agencies, 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 \$78.75 Filing Fee \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Robert F. Joiner Name (Printed or typed) 311 Adams Lane Address Fleming Island, FL 32003 City, State & Zip <u>904-403-6626</u> Daytime Telephone number

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

kimmerlane@bellsouth.net
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the co	rporation shall be:	urance Agencies, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
_	Principal street address		s, if different is:
3	11 Adams Lane	311 Adams Lane	
E	leming Island, FL 32003	Fleming Island, FL	32003
	NURROGE		
he purpose for w	hich the corporation is organized is:		
Insurance age		•	
	,		
RTICLE IV	<u>SHARES</u>		
he number of shar	es of stock is: 100		
	INITIAL OFFICERS AND/OR DIREC		
	lle:Robert F. Joiner, President/VP		
Address:	311 Adams Lane Fleming Island, FL 32003	Address:	
	Fleming Island, FL 32003		
Name and Ti	tle:Kimberly A. Joiner, Sec/Treas	Name and Title:	
Address:	311 Adams Lane	Address:	
	Fleming Island, FL 32003		
Name and Tit	ile:	Name and Title:	*
Address:			
	REGISTERED AGENT	<i>.</i> *	
	rida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Kathy S, Baker		***
Address:	165 Wells Rd Suite 105		, N 54.
	Orange Park, FL 32073	 ,	
RTICLE VII	INCORPORATOR		ing of the
	ress of the Incorporator is:		い。
Name:	Robert F. Joiner		ラ・ 74年 ラ ・
Address:	311-Adams Lane		200
	Fleming Island, FL 32003		
lavina haan nama	d as posistand again to appear comics of	source for the above stated correctly	n at the pleast theten head in
	d as registered agent to accept service of pr I familiar with and accept the appointment a		
, , , , , , , , , , , , , , , , , , , ,		·	s capacity
$*$ \wedge \cdot	< 120 kg.		9/20/12
yung	Required Signature/Registered Agent	••	Date
Submit this docur	ment and affirm that the facts stated herein	are true. I am aware that the false	information submitted in a
cument to the De	partment of State constitutes a third degree f	etony as provided for in s.817.155, F.	»
7			
\mathcal{P}	11. Joine		9/25/17