

PI2000085357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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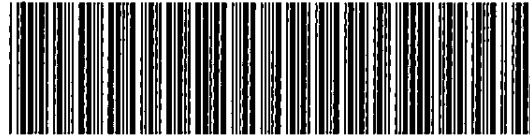
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
HALLMARKS, ILLINOIS

VH

## COVER LETTER

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

SUBJECT: AAA AFORDABLE 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: PATRICIA HINDS

Name (Printed or typed)

3829 NW CR 225

Address

LAWTEY, FL 32058

City, State & Zip

904-964-8735

Daytime Telephone number

Bonds/hcl@embargo@mail.com  
HUFF4232@EMBARQMAIL.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**

The name of the corporation shall be:

AAA AFFORDABLE INSURANCE INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

954 N TEMPLE

SUITE B

STARKE, FL 32091

12 OCT -8 PM 12: 32  
Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
STARTING NEW BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PATRICIA HINDS -- PRESIDENT

Address: 3829 NW CR 225  
LAWTEY, FL 32058

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: PATRICIA HINDS

Address: 3829 NW CR 225  
LAWTEY, FL 32058

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PATRICIA HINDS

Address: 3829 NW CR 225  
LAWTEY, FL 32058

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

✓

Patricia J Hinds

Required Signature/Registered Agent

✓

10-1-12

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.

✓

Patricia J Hinds

Required Signature/Incorporator

✓

10-1-12

Date