

**P/2000/04435**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

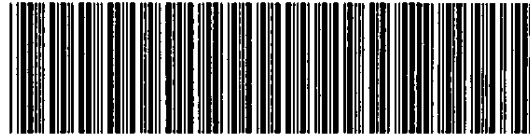
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED CORPORATE NAME  
TO ARTICLE I; ALSO  
ADDED EFFECTIVE DATE  
PER TELEPHONE CONVERSATION  
WITH JAY C. ADKINS.

*12/31/12*

Office Use Only



400242896194

12/28/12--01016--012 \*\*87.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 28 PM 2:21

*12/31/12*

EFFECTIVE DATE 01/01/13

## COVER LETTER

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

SUBJECT: Adkins (C) Associates 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:

Jay C. Adkins  
Name (Printed or typed)

4250 AIA South  
Address

St. Augustine, FL 32080  
City, State & Zip

405-323-1409  
Daytime Telephone number

buckeyeadkins@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**

The name of the corporation

Adkins & Associates Insurance, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1728 Dartmoor Lane,  
Ponte Vedra, FL 32081

Mailing address, if different is:

4250 AIA South  
St. Augustine, FL 32080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Agency for the purposes of  
selling all insurance products & financial  
services

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000,000

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

Name and Title:

Jay Adkins, President  
Address: 4250 AIA South  
St. Augustine, FL 32080

Name and Title:

Michael Medves, VP  
Address: 4250 AIA South  
St. Augustine, FL 32080

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:

Jay Adkins  
Address: 1728 Dartmoor Ln  
Ponte Vedra, FL 32081

Address:

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Jay C. Adkins  
Address: 1728 Dartmoor Ln  
Ponte Vedra, FL 32081

Address:

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

Date

12/26/12

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

Date

12/26/12

ARTICLE VIII EFFECTIVE DATE:

JANUARY 1st, 2013

EFFECTIVE DATE 01/01/13

FILED  
12 DEC 28 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA