

P13 000015468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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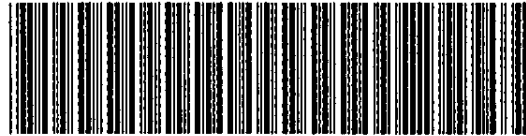
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/14/13--01009--020 **78.75

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13 FEB 14 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 15 2013

COVER LETTER

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

SUBJECT: Jackson Pierce Insurance Group 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 Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Julie Pierce
Name (Printed or typed)

6146 US Hwy 98 N
Address

Lakeland FL 33809
City, State & Zip

863-577-3777
Daytime Telephone number

julie@getinsuredflorida.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: Jackson Pierce Insurance Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6146 US Hwy 98 N

Lakeland, FL 33809

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(a) To Conduct and operate a general insurance agency business in all lines of insurance and to represent as agent

or broker insurance companies organized or admitted to do business in the State of Florida; to serve as a general agent, manager, or in other representative capacities insurance companies organized

or admitted to do an insurance business in this state and to appoint sub-agents, brokers or salespersons for the companies under the terms of any contract with the insurance companies; with or serve

to promote the affairs of insurance companies and to advise and counsel to the extent permitted by the Florida Business Corporation Act, with respect to insurance underwriting and to consult as broker for

assureds in dealing with insurance companies and insurance problems; to act as an insurance agent, broker or solicitor in the negotiation of all forms of insurance; and to deal with and

engage in all activities enumerated in these purposes as owner, proprietor, manager or agent for others on any legitimate contractual basis; and (b) To provide and sell all types of financial products and

services, including annuities and mutual funds; and (c) To transact any and all lawful businesses for which a corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Pierce, Pres.

Address 6146 US Hwy 98 N
Lakeland FL 33809

Name and Title: Aaron Pierce, Vice Pres.

Address: 12745 Coronado Dr
Spring Hill FL 34609

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Julie Pierce
Address: 6146 US HWY 98 N
Lakeland FL 33809


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

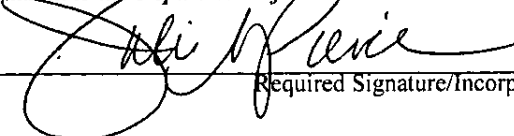
Name: Julie Pierce
Address: 6146 US HWY 98 N
Lakeland FL 33809

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

 2-12-13
Required Signature/Registered Agent 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.

 2-12-13
Required Signature/Incorporator Date