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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

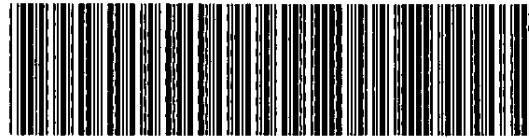
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 12 PM 3:29

4/15/13

## COVER LETTER

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

**SUBJECT:** William Schall 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: William Schall  
\_\_\_\_\_  
Name (Printed or typed)  
2748 East Commercial Blvd.  
\_\_\_\_\_  
Address  
Fort Lauderdale, FL 33308  
\_\_\_\_\_  
City, State & Zip  
954-485-8000  
\_\_\_\_\_  
Daytime Telephone number  
billyschall@me.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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13 APR 12 PM 3:29

**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** William Schall Insurance, Inc.

The name of the corporation shall be:

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DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address

2748 East Commercial Blvd.

18 APR 12 PM 3:29

Fort Lauderdale, FL 33308

**ARTICLE III PURPOSE**

Professional Corporation

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES** 100

The number of shares of stock is:

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

William Schall Director

Name and Title:

Name and Title:

2748 East Commercial Blvd.

Address

Address:

Fort Lauderdale, FL 33308

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: William Schall  
Address: 2748 East Commercial Blvd.  
Fort Lauderdale, FL 33308

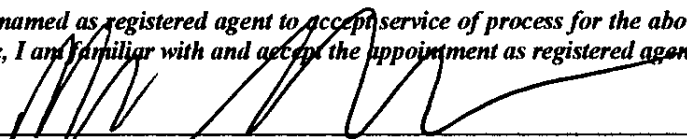
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Schall  
Address: 2748 East Commercial Blvd.  
Fort Lauderdale, FL 33308

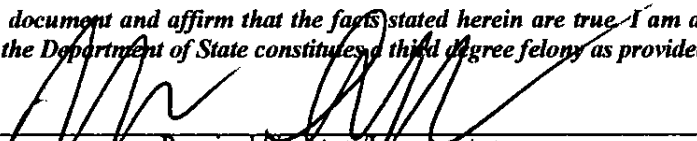
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

4/9/13

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

4/9/13

\_\_\_\_\_  
Date