

P130000657888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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

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Office Use Only



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13 JUL -5 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** AJG Insurance Agency Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Gustavo M. Fernandez  
Contact Person

Compers Insurance LLC  
Firm/Company

19020 Phillips Road  
Address

Brooksville, FL 34604  
City, State and Zip Code

gfernandez@ajg Payroll.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo M. Fernandez at (352) 544-5761  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Charter Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Charter Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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AJG Insurance Agency Inc.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2013

GUSTAVO M. FERNANDEZ  
COMPERS INSURANCE LLC  
19020 PHILLIPS ROAD  
BROOKSVILLE, FL 34604

SUBJECT: AJG INSURANCE AGENCY, INC.  
Ref. Number: W13000036601

RECEIVED  
13 JUL -5 PM 1:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for AJG INSURANCE AGENCY, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 113A00015897



**Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201**

**In reply refer to: 0458972378  
Jun 12, 2013 LTR 385C  
45-4001732**

**COMPERS INSURANCE LLC  
GUSTAVO MIGUEL FERNANDEZ SOLE MBR  
19020 PHILLIPS RD  
MASARYKTOWN FL 34604-6949 203**

**Taxpayer Identification Number: 45-4001732**

**Form(s):**

**Dear Taxpayer:**

**This letter is in response to your telephone inquiry of June 12th, 2013.**

**We accept your election to be treated as an S corporation with an accounting period of December 31st, beginning May 1st, 2013. Please keep this letter in your permanent records as proof of acceptance of your election.**

**Note: If we examine your return, we will verify that this election is appropriate for your situation.**

**If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.**

**Sincerely,**

**Miss Wells  
02-47876  
Customer Service Representative**

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

FILED  
13 JUL -5 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Compers Insurance, LLC. L11-138108  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on December 08, 2011  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

ASG Insurance Agency, Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 19<sup>th</sup> day of June, 2013.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or if Directors or Officers have not been selected, an Incorporator:

Printed Name: Gustavo M. Fernandez Title: Pres.

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: \_\_\_\_\_

Printed Name: Gustavo M. Fernandez Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

ADG Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

19020 Phillips Road  
Brooksville, Fl. 34604

Mailing address, if different is:

19020 Phillips Road  
Brooksville, Fl. 34604

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 @ \$1.00 a share

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

Name and Title:

Gustavo M. Fernandez

Name and Title:

President

Address:

19020 Phillips Road  
Brooksville, Fl. 34604

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:

Gustavo M. Fernandez

Address:

19020 Phillips Road  
Brooksville, Fl. 34604

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gustavo M. Fernandez

Address: 19020 Phillips Road  
Brooksville, Fl. 34604

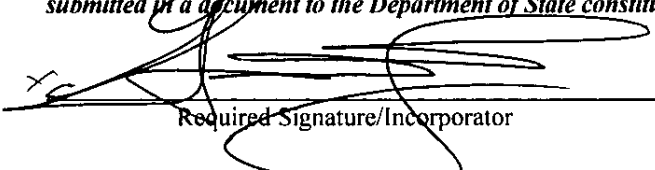
\*\*\*\*\*

*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

6/19/13  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

6/19/13  
\_\_\_\_\_  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

New Name:

ASG Insurance Agency Inc.