

P13000065852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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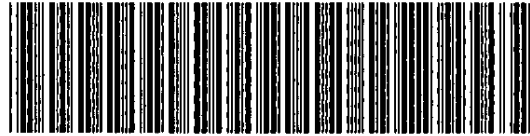
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Lion Surety MGA, 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: Lion Surety Services
Name (Printed or typed)

115 Elk Ave
Address

Rock Hill SC 29730
City, State & Zip

803-327-3733
Daytime Telephone number

~~acombs~~ acombs@lionsurety.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)

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ARTICLE I NAME

The name of the corporation shall be: Lion Surety MGA, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

115 Elk Ave
Rock Hill, SC 29730

115 Elk Ave
Rock Hill SC 29730
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: new business being established
in Florida a subsidiary of Lion Surety Services LLC
and any legal purpose

ARTICLE IV SHARES

The number of shares of stock is: one million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Lowe - President Name and Title: _____

Address: 115 Elk Ave Address: _____
Rock Hill SC 29730

Name and Title: Troy Thompson, Executive V.P. Name and Title: _____

Address: 115 Elk Ave Address: _____
Rock Hill SC 29730

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)
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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Incorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lion Surety Services LLC
Address: 115 Elk Ave
Rock Hill SC 29730

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

[Signature] on behalf of Incorp Services Inc. 07/25/2013
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.817.135, F.S.

[Signature] Lion Surety Services LLC 07/26/2013
Required Signature/Incorporator Date