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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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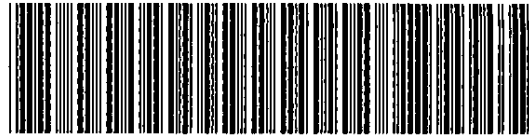
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 AM 7:19

8/29

JP

COVER LETTER

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

SUBJECT: North Central Florida 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: Davindra Seeram
Name (Printed or typed)

4650 SW 110th Lane
Address

Ocala, Florida 34476
City, State & Zip

352-286-9495
Daytime Telephone number

jseeram@trilogygrp.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

North Central Florida Insurance, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4650 SW 110th Lane
Ocala FL 34476

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Insurance brokers.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Davindra Seeram, (President)	Name and Title: _____
Address: 4650 SW 110th Lane	Address: _____
Ocala, FL 34476	_____

Name and Title: William K King, (Vice President)	Name and Title: _____
Address: 3612 SE 34th Court	Address: _____
Ocala, FL 34471	_____

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: Davindra Seeram
Address: 4650 SW 110th Lane
Ocala, FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Davindra Seeram
Address: 4650 SW 110th Lane
Ocala, FL 34476

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

8/23/13

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

8/23/13

Date

13 AUG 26 AM 7:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS