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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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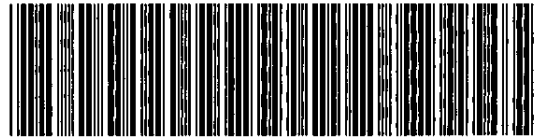
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 21 PM 2:27

Handwritten signature and date 3-24-14

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: The Armstrong Agency, Inc.

Enclosed are an original and one (1) copy of the Articles of Incorporation and a check for \$78.75, for filing fees and a certificate of status.

From: Haley Armstrong Norman  
1200 Riverplace Blvd, Suite 105  
Jacksonville, FL 32207  
(904) 737-5048

## ARTICLES OF INCORPORATION

In Compliance with Chapter 607 and/or Chapter 621, F.S.(Profit)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 21 PM 2:27

### ARTICLE I:

The name of this corporation is:

**THE ARMSTRONG AGENCY, INC.**

### ARTICLE II:

The principal office address of the corporation will be at 1200 Riverplace Blvd, Suite 105, Jacksonville, FL 32207 and the mailing address of the corporation will be at 1200 Riverplace Blvd, Suite 105, Jacksonville, FL 32207.

### ARTICLE III:

The nature of the business or businesses to be transacted is as follows:

To transact any lawful business and to exercise all powers granted to corporations by the laws of the State of Florida.

### ARTICLE IV:

The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is one thousand (1000) shares of the par value of one and no/100 dollars (\$1.00) each.

### ARTICLE V:

The number of its directors shall be two (1) or such other number as the shareholders may from time to time designate but never less than one (1). The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the corporation or until their successor is elected or appointed and have qualified are:

President, Treasurer, Secretary

NAME

Haley Armstrong Norman

ADDRESS

1200 Riverplace Blvd, Suite 105  
Jacksonville, FL 32207

### ARTICLE VI:

The name of the initial registered agent of this corporation is Haley Armstrong Norman and the street address of the initial registered agent of this corporation is 1200 Riverplace Blvd, Suite 105, Jacksonville, FL 32207.

### ARTICLE VII:

The name and address of the Incorporator of the Articles of Incorporation is Haley Armstrong Norman and the street address of the Incorporator is 1200 Riverplace Blvd, Suite 105, Jacksonville, FL 32207.


### ARTICLE VIII:

This corporation is to have perpetual existence.

## ARTICLE VIII:

This corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.


I, THE UNDERSIGNED, being the Incorporator herein-before named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated 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. Accordingly I hereunto set my hand and seal this 18 day of March 2014.

  
Haley Armstrong Norman

STATE OF FLORIDA )  
 )ss  
COUNTY OF DUVAL )

BE IT REMEMBERED, that on this 18 day of March 2014, personally came before me, a Notary Public for the State of Florida, **HALEY ARMSTRONG NORMAN** party to the foregoing Articles of Incorporation, known to me personally to be such and who did not take an oath, and who acknowledged the said Articles to be the act and deed of the signers and that the facts therein stated are truly set forth.

GIVEN under my hand and seal of office the day and year aforesaid.

  
Notary Public, State of Florida

**Name:**

Angela Lockett

My Commission Expires: August 15, 2016  
My Commission Number is: EE 827209



CERTIFICATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Chapter 48.091, Florida Statutes, the following is submitted.

That THE ARMSTRONG AGENCY, INC., a corporation duly organized and existing under the laws of the State of Florida, has named HALEY ARMSTRONG NORMAN as its Registered Agent, located at 1200 Riverplace Blvd, Suite 105, Jacksonville, FL 32207, to accept service of process within Florida.

Having been named to accept service of process for the above-stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Section 607.0505, Florida Statutes.

  
Haley Armstrong Norman

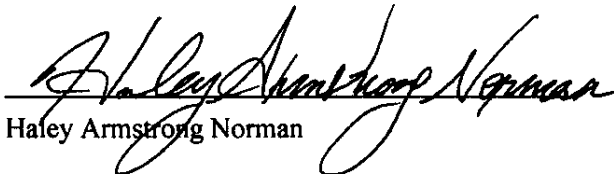
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE VIII:**

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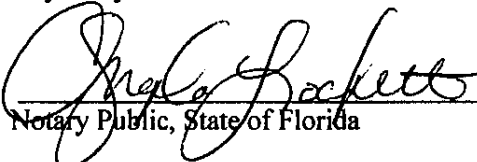
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GIVEN under my hand and seal of office the day and year aforesaid.

  
Notary Public, State of Florida

Name:

Angela Lockett



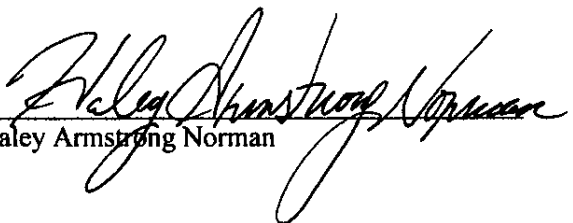
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