

P/4000042344

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/13/14

**COVER LETTER**

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

**SUBJECT:** Sarasota Insurance Agency, 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:** Cheryl Zimny

Name (Printed or typed)

3451 Queens St. #818

Address

Sarasota, FL 34231

City, State & Zip

941-350-0698

Daytime Telephone number

cherylzimny@gmail.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**

The name of the corporation shall be: Sarasota Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7257 Bee Ridge Road

Sarasota, FL 34241

Mailing address, if different is:

3451 Queens St., #818

Sarasota, FL 34231

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide consumers and businesses in  
Sarasota and the surrounding areas with a full line of insurance products.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Cheryl Zimny, President

Address: 3451 Queens St., #818

Sarasota, FL 34231

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(cont.)

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: Cheryl Zimny  
Address: 3451 Queens St., #818  
Sarasota, FL 34231


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**ARTICLE VII INCORPORATOR**

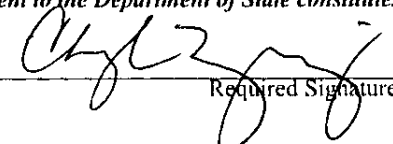
The **name and address** of the Incorporator is:

Name: Cheryl Zimny  
Address: 3451 Queens St. #818  
Sarasota, FL 34231

*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*

 5/8/14  
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.817.155, F.S.*

 5/8/14  
Required Signature/Incorporator Date