

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

First Florida Premium Finance, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REF  
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TALLAHASSEE, FLORIDA

### COVER LETTER

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

SUBJECT: First Florida Premium Finance, 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: JAMES Norman SAPP  
Name (Printed or typed)

4425 U.S. 1 S. #103  
Address

ST. AUGUSTINE FL 32086  
City, State & Zip

904-540-3232  
Daytime Telephone number

norman@firstfloridainurance.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: First Florida Premium Finance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4425 US 1 South, 103

St Augustine, FL 32086

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The applicant intends to offer insurance premium financing

for property and casualty insurance premiums. The applicant's primary focus is on lending to businesses

(commercial lending) but may, from time to time, make consumer loans (individuals or households).

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: J Norman Sapp - President

Address: 4425 US 1 South, 103

St Augustine, FL 32086

Name and Title: J Norman Sapp - Secretary

Address: 4425 US 1 South, 103

St Augustine, FL 32086

Name and Title: J Norman Sapp - Treasurer

Address: 4425 US 1 South, 103

St Augustine, FL 32086

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

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

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

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

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

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

14 AUG -8 AM 11:26  
SECRETARY  
J. NORMAN SAPP  
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: CT Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: J Norman Sapp  
Address: 4435 US 1 South, 103  
St Augustine, FL 32086

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

By: CT Corporation System  
\_\_\_\_\_  
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.

J. Norman Sapp 8-7-2014  
\_\_\_\_\_  
Required Signature/Incorporator Date

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