

PH 000081102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

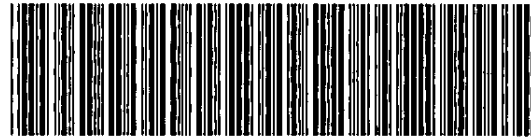
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/14--01004--013 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT - 1 AM 9:05

10/20/14

COVER LETTER

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

SUBJECT: SHUMATE INSURANCE BROKERAGE CORPORATION
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: V. BRENT SHUMATE
Name (Printed or typed)
1918 WEST CASS STREET
Address
TAMPA, FL. 33606
City, State & Zip
813-446-6791
Daytime Telephone number
TCPA@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ORIGINAL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SHUMATE INSURANCE BROKERAGE CORPORATION
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
1918 WEST CASS STREET
TAMPA, FL. 33606

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **INSURANCE BROKERAGE**

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ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>V. BRENT SHUMATE/ PRESIDENT</u>	Name and Title: _____
Address: <u>1918 WEST CASS STREET</u>	Address: _____
<u>TAMPA, FL. 33606</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

(conti.)

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: V. BRENT SHUMATE
Address: 1918 WEST CASS STREET
TAMPA, FL. 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: V. BRENT SHUMATE
Address: 1918 WEST CASS STREET
TAMPA, FL. 33606

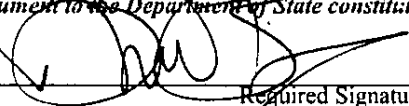
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9-25-2014
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

9-25-2014
Date