

P 15000007354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

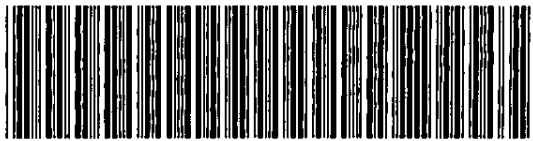
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TALLAHASSEE, FLORIDA

gf 1/27/15

COVER LETTER

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

SUBJECT: REF #W14000067985- Revision

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Stan Harrison Insurance Agency Inc.

Name (printed or typed)

207 Magnolia St

Address

New Smyrna Beach, FL 32168

City, State & Zip

386-427-5277

Daytime Telephone Number

stanharrison5@yahoo.com

E-mail address: (to be used for future annual report notification)

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15 JAN 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2014

STAN HARRISON INSURANCE AGENCY INC.
207 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

SUBJECT: STAN HARRISON INSURANCE AGENCY INC
Ref. Number: W14000067985

We have received your document for STAN HARRISON INSURANCE AGENCY INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 414A00025654

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15 JAN 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2014

STAN HARRISON INSURANCE AGENCY INC.
207 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

SUBJECT: STAN HARRISON INSURANCE AGENCY INC
Ref. Number: W14000067985

FILED
15 JAN 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STAN HARRISON INSURANCE AGENCY INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the street address of each officer/director.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 614A00023998

CERTIFICATE OF DOMESTICATION

The undersigned, Stan Harrison, CEO,
(Name) (Title)

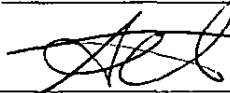
of Stan Harrison Insurance Agency Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 24, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Kansas.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Stan Harrison Insurance Agency Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Stan Harrison Insurance Agency Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Kansas.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Stan Harrison, of Stan Harrison Insurance Agency Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 19 day of January, 2015.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Stan Harrison Insurance Agency Inc.

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15 JAN 23 PM 3 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

207 Magnolia St

P.O. Box 77

New Smyrna Beach, FL 32168

New Smyrna Beach, FL 32170

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Engaging in the sale & service of insurance and other financial
products provided by reputable insurance companies.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
Stan Harrison/ CEO	
P.O. Box 77	
New Smyrna Beach, FL 32170	

Title/Name	Title/Name

Title/Name	Title/Name

Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Deborah Kay Weese
3211 Unity Tree Drive
Edgewater, FL 32141

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Stanley O. Harrison
1717 S. Glencoe Rd
New Smyrna Beach, FL 32168

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

Deborah Kay Weese
Signature/Registered Agent

01/19/2015

Date

[Signature]
Signature/Incorporator

01/19/2015

Date

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TALLAHASSEE, FLORIDA