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(City/State/Zip/Phone #)

☐ PICK-UP

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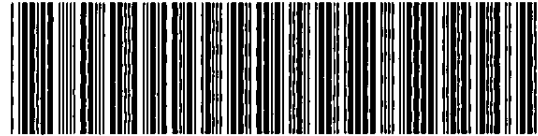
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
15 JAN 28 AM 11:17
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15 JAN 28 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-28-15 ch

COVER LETTER

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

SUBJECT: JOHN BURROWS INSURANCE GROUP 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: JOHN BURROWS
Name (Printed or typed)

2101 W HWY 390, STE 905
Address

LYNN HAVEN, FL 32444
City, State & Zip

816-651-3002
Daytime Telephone number

jwburrows@burrowsinsgroup.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: JOHN BURROWS INSURANCE GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2101 W HWY 390, STE 905
LYNN HAVEN, FL 32444

Mailing address, if different is:

P.O. Box 16111
PANAMA CITY, FL 32406

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN BURROWS, CEO Name and Title: _____

Address 2101 W HWY 390, STE 905 Address: _____
LYNN HAVEN, FL 32444

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JOHN BURROWS

Address: 2101 W HWY 390, STE 905
LYNN HAVEN, FL 32444

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN BURROWS

Address: 2101 W HWY 390, STE 905
LYNN HAVEN, FL 32444

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

1-28-15
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

1-28-15
Date