

P/5000009736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RETURNED CHECK

01/23/15--01013--003 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 23 PM 4:06

01/30/15

## COVER LETTER

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

SUBJECT: 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 W. 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@burrows-group.com  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLE I NAME**

The name of the corporation shall be: BURROWS INSURANCE GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

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

P.O. Box 16111  
PANAMA CITY, FL 32406

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: JOHN W. BURROWS, CEO Name and Title: \_\_\_\_\_

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

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

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

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

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

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RETURNED CHECK

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 W. BURROWS

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

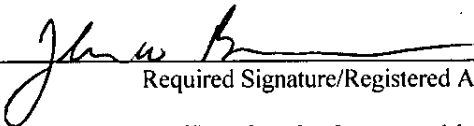
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN W. 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

1-18-2015

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

1-18-2015

Date

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