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DIVISION OF CORPORATIONS  
15 MAR -4 PM 12:49

03/06/15

## COVER LETTER

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

SUBJECT: RAY ROTH'S INSURANCE, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: RAYMOND E. ROTH, JR.  
Name (Printed or typed)

217 S. SPRING BL.  
Address

TARPON SPRINGS, FL 34689  
City, State & Zip

727-804-8635  
Daytime Telephone number

RAY.ROTHS@gmail.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: RAY ROTH'S INSURANCE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

217 S. SPRING BL  
TARPON SPRINGS, FL  
34689

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INDEPENDANT INSURANCE  
AGENT

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: RAYMOND E. ROTH'S, JR. PRESIDENT Name and Title: \_\_\_\_\_

Address 217 S. SPRING BL. Address: \_\_\_\_\_  
TARPON SPRINGS, FL  
34689

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: RAYMOND ROTHs

Address: 217 S. SPRING BL.  
TARPON SPRINGS, FL

34689

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAYMOND ROTHs

Address: 217 S. SPRING BL.  
TARPON SPRINGS, FL

34689

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

Raymond Roths

Required Signature/Registered Agent

3/2/15

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.

Raymond Roths

Required Signature/Incorporator

3/2/15

Date

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