

P/5000028861

(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 \_\_\_\_\_

Special Instructions to Filing Officer:

CHANGED "SUFFIX" TO  
"INC." PER TELEPHONE  
CONVERSATION WITH  
GREG GAYLOR.

*✓* 03/30/15

Office Use Only



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03/25/15--01021--004 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 25 PM 12:59

*✓* 03/30/15

## COVER LETTER

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

**SUBJECT: Marco Island Insurance Agency, LLC**

(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: Greg Gaylor**

Name (Printed or typed)

**10655 Eastridge Ct**

Address

**Roscommon, MI 48653**

City, State & Zip

**989-275-5112**

Daytime Telephone number

**ggaylor@gaylorinsurance.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: Marco Island Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

371 Dayton Ct

Palm Harbor, MI 34684

Mailing address, if different is:

PO Box 735

Roscommon, MI 48653

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance Sales and any other legal purpose that is determined to be in the best interest of the company.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Greg Gaylor, President

Address: 10655 Eastridge Ct  
Roscommon, MI 48653

Name and Title: Diana Gaylor, Sec/Treas

Address: 10655 Eastridge Ct  
Roscommon, MI 48653

Name and Title: Greg Gaylor, III, VP

Address: 10580 Eastridge Ct  
Roscommon, MI 48653

Name and Title: Geoff Gaylor, VP

Address: 10655 Eastridge Ct  
Roscommon, MI 48653

Name and Title: Jennifer Kohn, VP

Address: 4295 W Trailside Ct NE  
Rockford, MI 49341

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

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

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DIVISION OF CORPORATION  
15 MAR 25 PM 12:59

(cont.)

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: James R Krchmar  
Address: 371 Dayton Ct  
Palm Harbor, FL 34684

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Greg Gaylor  
Address: 10655 Eastridge Ct  
Roscommon, MI 48653

*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:*

James R. Krchmar  
Required Signature/Registered Agent

3/23/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature]  
Required Signature/Incorporator

3/23/15

Date