P 1500093361

(Re	questor's Name)			
(Address)				
———(Ad	dress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	_			

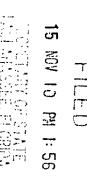
Office Use Only

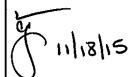
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W15000071906

COVER LETTER

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

SUBJECT:CH	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation an	d a check for:
▼ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: _	MICHELE M HOOVER CPA Name	e (Printed or typed)	
_	6361 PRESIDENTIAL COURT, SUITE A Address		
	FORT MYERS, FL 33919	Address	.
	City, State & Zip		
_	Daytime Telephone number		
	MHOOVER@ALEXANDERHO	OVER.COM	豊富 访

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

15 NOV 10 PM 1: 56

VECKETARY OF STATE
MALANASSEE, FLORIDA

October 30, 2015

MICHELE M HOOVER CPA 6361 PRESIDENTIAL COURT SUITE A FORT MYERS, FL 33919

SUBJECT: CHARLES COLE INSURANCE, INC.

Ref. Number: W15000071906

We have received your document for CHARLES COLE INSURANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The registered agent must sign accepting the designation.

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: 315A00023026

Division of Comparations D.O. DOV 6207 Mallaharras Elevida 20214

Charles Cole Insurance, Inc. 4301 Sibley Bay Street Suite A Charlotte Harbor, FL 33980

October 23, 2015

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

RE: Charles Cole Insurance Inc. Document No: P00000031614

Dear Ladies and Gentleman,

This letter is to inform you that we are releasing the name Charles Cole Insurance, Inc. and we have no intention of reinstating this corporation.

We respectfully request that you update your records accordingly. If you have any further questions please feel free to call my office at 239-481-4114.

We are making application as a new corporation in the State of Florida. Please see the enclosed application along with the appropriate filing fee.

Sincerely,

Charles Cole

Chales Cale

President

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	in compliance with Chapter 607 and/	or Chapter 621, P.S. (Profit) FILED
RTICLE I NAME	n shall be: CHARLES COLE INSUR	ANCE, INC. 15 NOV 10 PH 1: 50
		, the same of the
	PAL OFFICE rincipal street address	Mailing address, if different is: OF STATE
4301 SIBLEY BAY ST	REET, SUITE A	
CHARLOTTE HARBO	OR FL 33980	
RTICLE III PURPOS. The purpose for which the	E corporation is organized is: THE GEN	ERAL PURPOSES FOR WHICH THIS CORPORATI
		OR ALL LAWFUL BUSINESS FOR WHICH
CORPORATIONS MA	AY BE INCORPORATED UNDER TH	HE PROVISIONS OF CHAPTER 607, FLORIDA
STATUTES, AS THE	SAME NOW EXISTS OR AS IT MAY	Y HEREAFTER BY CHANGED.
ARTICLE IV SHARES The number of shares of sto		
The number of shares of six	JCK IS:	
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS	
	CHARLES B COLE, PRESIDENT	Name and Title:
_	4301 SIBLEY BAY STREET	
Address	SUITE A	Address:
_	CHARLOTTE HARBOR, FL 33980	
Name and Title:		Name and Title:
Address _		Address:
_		
Name and Title:		Name and Title:
Address _		Address:

Name and	l Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	CHARLES B. COLE	
Address:	4301 SIBLEY BAY ST STE A	
	CHARLOTTE HARBOR FL 33980-2840	3
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	O PE D
Name:	CHARLES B. COLE	
Address:	4301 SIBLEY BAY ST STE A	56 S
	CHARLOTTE HARBOR FL 33980-284	0
Effective date, if continued (If an effective days after the fill Note: If the date	ing.)	. (OPTIONAL) be more than five business days prior or 90 business tatutory filing requirements, this date will not be listed as
Having been nam this certificate, I a	ted as registered agent to accept service of process of familiar with and accept the appointment as regional services. Required Signature/Registered Agent	for the above stated corporation at the place designated in stered agent and agree to act in this capacity 11-6-15 Date
document to the L	ument and affirm that the facts stated herein are to be partment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Kequii	ed Signature/Incorporator	Date

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