

P16000008699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

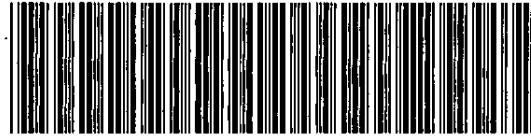
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W16-6107

md 2/1

COVER LETTER

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

SUBJECT: Casey Insurance Brokers, 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: Christopher L. Heer, Vice President

Name (Printed or typed)

811 N. Nob Hill Road

Address

Plantation, FL 33324

City, State & Zip

888-537-1412

Daytime Telephone number

chrisheer1@verizon.net

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2016

CHRISTOPHER L. HEER
811 N. NOB HILL ROAD
PLANTATION, FL 33324

SUBJECT: CASEY INSURANCE GROUP, INC.
Ref. Number: W16000006107

We have received your document for CASEY INSURANCE GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on October 17, 2006.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 316A00001895

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: Casey Insurance Brokers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

811 N. Nob Hill Road

Plantation, FL 33324

Mailing address, if different is:

151 N. Nob Hill Road, #269

Plantation, FL 33324

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Corporation is to provide for the sale and service of appropriate insurance products as may be required so as to meet the insurance needs of the general public. Said sales may be made directly to the consumer (retail) or through the assistance of properly licensed insurance professionals (wholesale).

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Casey L. Heer, President

Name and Title: _____

Address 811 N. Nob Hill Road

Address: _____

Plantation, FL 33324

Name and Title: Christopher L. Heer, Vice President

Name and Title: _____

Address 11114 Willow Bottom Drive

Address: _____

Columbia, MD 21044

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: Casey L. Heer
Address: 811 N. Nob Hill
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher L. Heer
Address: 11114 Willow Bottom Drive
Columbia, MD 21044

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/08/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Casey Heer 01/08/2016
Required Signature/Registered Agent 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.

Christopher L. Heer 01/08/2016
Required Signature/Incorporator Date