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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 18 AM 10:10

APPROVED
AND
FILED

MAR 18 2016

S. PRATHER

COVER LETTER

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

SUBJECT: All Purpose 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
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: KAYTON D. SCARBORO
Name (Printed or typed)

1320 TINDARA DRIVE
Address

APOPKA, FL 32703
City, State & Zip

407-925-8512
Daytime Telephone number

APinsuranceinc@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: ALL Purpose Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1320 Tindaro Drive
Apopka, FL 32703

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TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The nature of the business and the objects of
purpose to be transacted, prompted and carried on
are to engage in any lawful act or activity for
which corporations maybe organized under the
Florida General Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kayton D Scarboro Pres</u>	Name and Title:	<u>KAYTON SCARBORO V.P.</u>
Address	<u>1320 Tindaro Drive</u>	Address:	<u>40402 MT Creek Rd.</u>
	<u>Apopka, FL 32703</u>		<u>New London, NC 28127</u>

Name and Title:	<u>Kayton D. Scarboro Treas</u>	Name and Title:	<u>Christy Scarboro Secr.</u>
Address	<u>1320 Tindaro Dr</u>	Address:	<u>104 Foxridge Run</u>
	<u>Apopka, FL 32703</u>		<u>Longwood, FL 32750</u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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: Kayton D. Scarboro

Address: 1320 Tindaro Drive
Apopka, FL 32703

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kayton D. Scarboro

Address: 1320 Tindaro Drive
Apopka, FL 32703

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Kayton D. Scarboro
Required Signature/Registered Agent

3/14/2016
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.

Kayton D. Scarboro
Required Signature/Incorporator

3/14/2016
Date