P17000081464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/17--01025--006 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/4/17

I have no intention of reinstating the old document number P16000046283.
I would like to be able to retain the same EIN (81-2758255) and retain the name Mackenzie Insurance agency.

Best Regards -
Scott Mackenzie / President

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Mackenzie Insurance Agency 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: Scott Mackenzie
Name (Printed or typed)

160 International Pkwy. Ste. 100
Address

Heathrow, Fl. 32746
City, State & Zip

407-547-7009
Daytime Telephone number

mackenzieinsurance@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: Mackenzie Insurance Agency Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

160 International Pkwy., Ste. 100

Heathrow, Fl. 32746

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELLING OF INSURANCE WITHIN THE STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Mackenzie/President

Address: 8 Valencia Rd.
Debary, Fl. 32713

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: SCOTT MACKENZIE

Address: 8 VALENCIA RD.

DEBARY, FL. 32713

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: SCOTT MACKENZIE

Address: 8 VALENCIA RD.

DEBARY, FL. 32713

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/04/2017 (OPTIONAL)

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

SM

Required Signature/Registered Agent

10/04/2017

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.

SM

Required Signature/Incorporator

10/04/2017

Date