

P18000048098

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☐ PICK-UP

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(Business Entity Name)

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MAY 25 2018

T. SCOTT



200311994232

04/17/18--01018--001 **70.00

05/07/18--01002--003 **8.75

2018 MAY 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2018 MAY 24 PM 1:01

REGISTRAR
OF
COMMERCIAL
AND
CONSUMER SERVICES

May 14, 2018

MARCUS WHITE
8954 LEM TURNER ROAD
JACKSONVILLE, FL 32208

SUBJECT: SMART CHOICE INSURANCE AGENCY OF NORTH FLORIDA,
INC.

Ref. Number: W18000037357

We have received your document for SMART CHOICE INSURANCE AGENCY OF NORTH FLORIDA, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 818A00009755

COVER LETTER

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

SUBJECT: Smart Choice Insurance Agency of North Florida, 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: Marcus White

Name (Printed or typed)

8954 Lem Turner Road

Address

Jacksonville, Florida 32208

City, State & Zip

904-683-7290

Daytime Telephone number

markwhite71@yahoo.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: Smart Choice Insurance Agency of North Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8954 Lem Turner Road

Jacksonville, Florida 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for a Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcus White/Director

Address: 8954 Lem Turner Road

Jacksonville, Florida 32208

Name and Title: LaVonda White/Officer

Address: 8954 Lem Turner Road

Jacksonville, Florida 32208

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2018 MAY 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Marcus White

Address: 8954 Lem Turner Road

Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

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

Name: LaVonda White

Address: 8954 Lem Turner Road

Jacksonville, Florida 32208

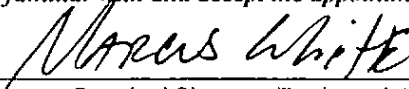
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

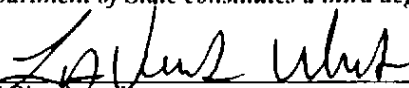
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

5/22/18
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.


Required Signature/Incorporator

5/22/18
Date