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(Requestor's Name)

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(City/State/Zip/Phone #)

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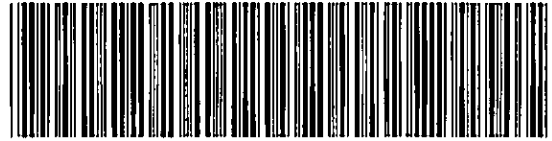
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 NOV 18 AM 9:48
FALLMASS REG. DIVISION

2018 NOV 18 AM 9:48

FILED

DEC 06 2018

T. SCOTT

COVER LETTER

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

SUBJECT: Denney Insurance and Financial Services, 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: Hodges & Carle, P.A.
Name (Printed or typed)

38410 North Avenue
Address

Zephyrhills, FL 33542
City, State & Zip

(813) 782-7196
Daytime Telephone number

bret.denney.w35r@statefarm.com
E-mail address: (to be used for future annual report notification)

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

FILED

2019 NOV 18 AM 8:48

2019 NOV 18 AM 8:48
TALLAHASSEE, FL 32301

ARTICLES OF INCORPORATION

OF

DENNEY INSURANCE AND FINANCIAL SERVICES, INC.

The undersigned, being qualified to act as an incorporator under the Florida Business Corporation Act, adopts the following Articles of Incorporation for the purpose of organizing a Corporation under the Act:

1. The name of the Corporation is:

DENNEY INSURANCE AND FINANCIAL SERVICES, INC.

2. The duration of the Corporation is perpetual. The corporate existence shall commence on January 1, 2020.

3. The street address of the principal office of the Corporation is: 5300 S. Florida Ave., Suite 1, Lakeland, FL 33813.

4. The street address of the Corporation's registered office in the State of Florida is: 5300 S. Florida Ave., Suite 1, Lakeland, FL 33813, and the name of the Registered Agent at such address is JAMES BRET DENNEY.

5. The Corporation is to be for profit.

6. The purposes for which the Corporation is organized are:

To engage in the business of insurance sales and financial services;

To do any or all of the things herein set forth, and all things usual, necessary or proper in furtherance of or incidental to said business, to the same extent as natural persons might or could do in any part of the world, at wholesale or retail, as principal, agent, contractor, trustee

or otherwise, and either alone or in company with others;
To be vested with all the rights and powers now or hereafter conferred upon such corporations by the laws of the State of Florida.

7. The maximum number of shares that the Corporation is authorized to issue is one thousand (1,000) shares, all without par value. Such shares shall be of one class and shall be designated common shares.

8. The initial Board of Directors shall contain one Director whose name and address follow:

James Bret Denney, 5300 S. Florida Ave., Suite 1,
Lakeland, FL 33813

9. The name and address of the incorporator is:

James Bret Denney, 5300 S. Florida Ave., Suite 1,
Lakeland, FL 33813

10. James Bret Denney, whose address is 5300 S. Florida Ave., Suite 1, Lakeland, FL 33813, shall serve as the initial president, secretary and treasurer of the Corporation.

This Corporation shall enjoy and be subject to such benefits, privileges and immunities and such restrictions, liabilities and obligations as are provided with respect to corporations for profit generally by the laws of the land and which are held applicable to corporations for profit organized under the Florida Business Corporation Act.

EXECUTED This 8th day of November, 2019.



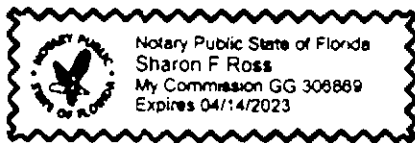
JAMES/BRET DENNEY

INCORPORATOR

STATE OF FLORIDA)

COUNTY OF PASCO)

The foregoing instrument was acknowledged before me this 8th day of November, 2019, by JAMES BRET DENNEY,
[] who is personally known to me, OR
[X] who has produced FL Driver License as identification.



Sharon F. Ross
Signature of Notary Public
Sharon F. Ross
Typed/Printed Name of Notary Public
NOTARY PUBLIC

Serial Number (if any)
My commission expires: _____

Acceptance of Designation as Registered Agent

The undersigned hereby accepts designation as Registered Agent of DENNEY INSURANCE AND FINANCIAL SERVICES, INC., and acknowledges that the undersigned is familiar with and accepts the obligations provided for in Section 607.0505 of the Florida Statutes, this 8th day of November, 2019.

JAMES BRET DENNEY
JAMES BRET DENNEY