

P200000017162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

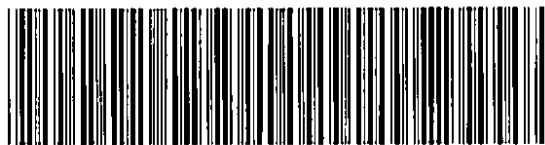
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Certified Copies _____

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Special Instructions to Filing Officer.

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FILED

2020 FEB 25 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FL

20 FEB 26 11:35:50

N CULLIGAN

FEB 26 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 02/25/2020

☐ **CERTIFIED COPY** _____
xx **PHOTOCOPY** _____
☐ **CUS** _____
xx **FILING** INC _____

1. **KELLER DANKS INSURANCE AGENCY, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2020 FEB 25 AM 9: 57

ARTICLE I NAME

The name of the corporation shall be:

Keller Danks Insurance Agency, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4817 Europa Drive

Naples, FL 34105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Danks, DPS

Name and Title:

Address

4817 Europa Drive

Address:

Naples, FL 34105

Name and Title: Christopher Shawn Danks, DVPT

Name and Title:

Address

4817 Europa Drive

Address:

Naples, FL 34105

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: Jeff Novatt, Esq. _____

Address: 1415 Panther Lane, Suite 327 _____

Naples, FL 34109 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeff Novatt, Esq. _____

Address: 1415 Panther Lane, Suite 327 _____

Naples, FL 34109 _____

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

Jeff Novatt, Esq.
Required Signature/Registered Agent

02/25/2020
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.

Jeff Novatt, Esq.
Required Signature/Incorporator

02/25/2020
Date

SECRETARY OF STATE
TALLAHASSEE, FL

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