

# PA3000050021

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DEPARTMENT OF  
ALLAHASSEE, FLORIDA

FILED

2023 JUL -7 PM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Star-Line 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: Jerry L. Harvey  
Name (Printed or typed)

11 Otter Creek Rd.  
Address

Sepchocky, Florida 32358  
City, State & Zip

850 510 8557  
Daytime Telephone number

jharvis@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

**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: Star-Line Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

11 Otter Creek Road

P.O. Box 20931

Sepchocky, FL 32358

Tallahassee, FL 32316

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Property & Casualty  
Insurance - General Lines

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jerry L Harvey, Pres

Name and Title: \_\_\_\_\_

Address P.O. Box 20931

Address: \_\_\_\_\_

Tallahassee, FL

32316

Name and Title: Marilyn Harvey, VP

Name and Title: \_\_\_\_\_

Address 11 Otter Creek Road

Address: \_\_\_\_\_

Sepchocky, FL 32358

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Henry L. Harvey  
Address: 11 Otter Creek Road  
Seachoppy, FL 32358

**ARTICLE VII INCORPORATOR**

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

Name: Henry L. Harvey  
Address: P.O. Box 20931  
Tallahassee, FL 32316

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 07, 2023. (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*

[Signature]  
Required Signature/Registered Agent

July 06, 2023  
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.*

[Signature]  
Required Signature/Incorporator

July 06, 2023  
Date

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TALLAHASSEE, FL