

P24000033240

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

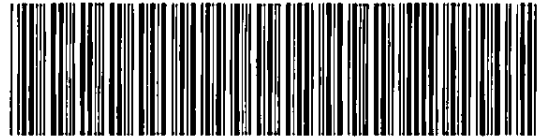
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ALLAHABAD, FLORIDA

## COVER LETTER

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

SUBJECT: ALISHA CLAYTON 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Alisha Clayton  
Name (Printed or typed)

-> 1525 W thalpe st unit 1  
Address

-> Tallahassee FL 32303  
City, State & Zip

-> 850 800-0130 270-6952  
Daytime Telephone number

-> alisha@mysfagentalisha.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: Alison Clayton Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1525 W. Tharpe, St, Ste 1  
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Solely for insurance agency

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alison Clayton, Inc. Name and Title: \_\_\_\_\_

Address: 1525 W. Tharpe St, Ste 1 Address: \_\_\_\_\_

→ ( Tallahassee, FL 32303 )

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

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

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: Alisha Clayton

Address: 1525 W. Thorpe St., Ste. 1  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

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

Name: Alisha Clayton

Address: 1525 W. Thorpe St., Ste. 1  
Tallahassee, FL 32303

**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*

X Alisha Clayton

Required Signature/Registered Agent

\_\_\_\_\_  
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.*

X Alisha Clayton

Required Signature/Incorporator

\_\_\_\_\_  
Date