

P24000047905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

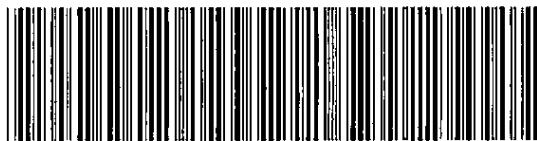
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100432878371

10/12 24--01007--002 ••138.75

2024 Jun 12 AM 10:10

The undersigned, Mark T. Johnston President
(Name) (Title)
of Plainville Center Insurance Agency, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

- I certify I am authorized to sign these ~~Articles of Domestication~~ on behalf of the corporation.

(Authorized Signature)

2024-12-10 10:10

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Plainville Center Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
9696 Bonita Beach Road, Suite 204

Mailing Address
P.O. Box 490

Bonita Springs, Florida 34135

Southington, Connecticut 06489

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
Insurance Agencies and Brokerages (NAICS Code 524210)

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100 (Common)

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mark T. Johnston

4054 Aspen Chase Drive

Naples, Florida 34119

HAVING BEEN NAMED AS REGISTERED AGENT AND 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/Registered Agent

01/01/2024

Date

2024 JUN 12 AM 10:10

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Mark T. Johnston, President/Director

Address: 4054 Aspen Chase Drive
Naples, Florida 34119

Name & Title: _____

Address: _____

Name & Title: Angelo C. Aldi, Vice-President/Director

Address: 4038 Aspen Chase Drive
Naples, Florida 34119

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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/Authorized Person

01/01/2024

Date

2024 Jan 12 PM 10:10