

# P95000026755

## TRANSMITTAL LETTER

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

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 MAR 31 PM 4: 18

SUBJECT: Eastside Arlington Insurance Agency, Inc.  
(Proposed corporate name - must include suffix)

000001445680  
-04/03/95--01028--001  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

William A. Ferrotta

Name (printed or typed)

146 Arlington Rd. N

Address

Jacksonville, FL 32211

City, State & Zip

(904) 725-8070

Daytime Telephone number

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

KAN 4-4

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 4:18

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Eastside Arlington Insurance Agency, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

146 Arlington Rd. No.  
Jacksonville, Fl 32211

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William A. Ferrotta - Agent

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

William A. Ferrotta  
8156 Veracruz Drive  
Jacksonville, Fla. 32211

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28th day of March, 1995.

William A. Ferrotta  
Signature

William A. Ferrotta  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

95 MAR 31 PM 4:19

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Eastside Arlington Insurance Agency, Inc.

2. The name and address of the registered agent and office is:

William A. Ferrotta  
(Name)

146 Arlington Rd. N.

(P.O. Box or Mail Drop Box **NOT** acceptable)

Jacksonville, FL 32211

(City/State/Zip)

*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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

William A. Ferrotta  
(Signature)

3/28/95  
(Date)

P95000026755

April 29, 1996

9000018 13279  
-05/01/96--01066--010  
\*\*\*215.00 \*\*\*215.00

REPLACEMENT FEE 1996

ANNUAL REPORT: EASTSIDE ARLINGTON  
INSURANCE AGENCY, INC.

DEBIT MEMO: # 5896-A

CHECK #: 1079