

FAX AUDIT #  
H95000004790

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H95000004790

April 28, 1995

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TO: DIVISION OF CORPORATIONS FROM: SEALS N' SIGNATURES  
DEPARTMENT OF STATE 6822 N 22ND AVE  
STATE OF FLORIDA SUITE 277  
409 EAST GAINES STREET ST. PETERSBURG FL 33710-  
TALLAHASSEE, FL 32399 CONTACT: JOANNE SIRISKA  
FAX: (904) 922-4000 PHONE: (813) 367-3459

(((H95000004790))) FAX: (813) 363-1422  
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR  
NAME: CHARLES FEARNOW FAMILY INSURANCE INC.  
FAX AUDIT NUMBER: H95000004790 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 04/28/1995 TIME REQUESTED: 12:53:45  
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**ARTICLES OF INCORPORATION**

495 0000 4790  
 FILE NO. 117

*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:

**CHARLES FEARNOW FAMILY INSURANCE INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**Place of Business**

7017 GIBSONTON DR.  
 GIBSONTON FL. 33534

**Mailing Address**

**P.O. BOX 1996**  
 RIVERVIEW FL. 33569

**ARTICLE III SHARES**

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

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**JOANNE SIRISKA/SEALS N SIGNATURES**  
 6822 22ND AVE N SUITE 277  
 ST. PETERSBURG FL.  
 33710

495 0000 4790

1195 00004790

**ARTICLE V INCORPORATOR(S)**

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

CHARLES FEARNOW  
7017 GISONTON DR  
GIBSONTON FL. 33579

GLORIA FEARNOW  
7017 GIBSONTON DR  
GIBSONTON FL. 33579

James William French  
8724 Beverly Dr  
Temple TERR FL 33617

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

● 25 day of APRIL, 1995.

●   
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Fax 5007  
1195 00004790

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

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**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 DESIGNATED THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

CHARLES FEARNOW FAMILY INSURANCE INC.

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

JOANNE SIRISKA/SEALS N SIGNATURES

\_\_\_\_\_  
(Name)

6822 22ND AVE N SUITE 277

\_\_\_\_\_  
(P.O. Box not acceptable)

ST. PETERSBURG

FL.  
33710

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
4/25/95  
(Date)

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