

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 300001527123 -06/29/95--01057--005 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: RONALD L. WILSON INSURANCE AGENCY, INC. (Proposed corporate name - must include suffix)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:		(printed or typed)		
	13604 5	SR 84 - SHEN	ANDOAH SQU	ARE
	DAVIE	FLORIDA 3 ity, State & Zip	33a <i>5</i>	1/2/15
•		76-9607 e Telephone number		

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

# 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:

RONALD L. WILSON INSURANCE AGENCY INC.

#### ARTICLE II PRINCIPAL OFFICE

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

13604 SR 84 - SHENANDOAH SQUARE DAVIE, FLORIDA 33335

## ARTICLE III SHARES

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

THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE ONE THOUSAND (1,000) SHARES OF COMMON STOCK, ALL OF ONE CLASS, WITH A PAR VALUE OF ONE DOLLAR (1.00) PER SHARE

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RONALD L. WILSON 13604 SR 84 - SHENANDOAH SQUARE DAVIE, FL 33325

### ARTICLE V INCORPORATOR(S)

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

RONALD L. WILSON
13604 SR 84- SHENANDDAH SQUARE
DAVIE, FL 33325

The undersigned incorporator(s) has(have) executed these Articles of Incorporation t	:his
27Th day of JUNE , 19 95.	
Romand 5, Wilson	
Signature	
Signature	

Articles of Incorporation Filing Fee - \$35

# 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.

WILSON INSURANCE AGENCY, INC.

2. The name and address of the registered agent and office is:
RONALD L. WILSON
(Name)  13604 SR 84- SHENANDOAH SOLIARE  (P.O. Box not acceptable)
DAVIE, FLORIDA 33325 (City/State/Zip)

1. The name of the corporation is: ROMALD

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) SW, (50) JUNE 27 1995