P96000014633

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

900001712649 -02/12/96--01081--005 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: BRANCH & ASSOCIATES INSURANCE AGENCY, INC.

1 enclose an original and 1 copy of the Articles of Incorporation for the above corporation and a check in the amount of \$122.50.

C. Cameron Branch, President.

From: C. Cameron Branch

110 Debarry Avenue

Jacksonville, Florida 32073

(904) 269-4848



## ARTICLES OF INCOROPORATION

OF

BRANCH & ASSOCIATES INSURANCE AGENCY, INC.

ARTICLE I NAME

The name of the corporation shall be:

BRANCH & ASSOCIATES INSURANCE AGENCY, INC..

ARTICLE II PRINCIPAL OFFICE

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

110 DEBARRY AVENUE ORANGE PARK, FL. 32073

ARTICLE III CAPITAL STOCK

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

ONE THOUSAND SHARES (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

C. CAMERON BRANCH 110 DEBARRY AVENUE ORANGE PARK, FL. 32073

## ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

C. CAMERON BRANCH 110 DEBARRY AVENUE ORANGE PARK, FL. 32073

The undersigned has executed these Articles of Incorporation this  $\mathcal{S}$  th day of George 19 96

Incorporator



## CERTIFICATE OF DESIGNATION

## REGISTERED AGENT/REGISTERED OFFICE

Persuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, orginized 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:

BRANCH & ASSOCIATES INSURANCE AGENCY, INC.,

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

C. CAMERON BRANCH 110 DEBARRY AVENUE ORANGE PARK, FL. 32073

Signature:

Title:

**PRESIDENT** 

Date:

0.8.96

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:

Date: 2-8-86