

896000053676
TRANSMITTAL LETTER

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

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-06/24/96--01003--015
*****78.75 *****78.75

SUBJECT: Speight & Associates Insurance, Inc.
(Proposed corporate name - must include suffix)

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: C. Frank Speight
Name (printed or typed)

818 NE 3rd Street
Address

Ocala, FL 34470
City, State & Zip

(352) 690-1633
Daytime Telephone number

FILED
96 JUN 21 PM 2:47
TALLAHASSEE, FLORIDA

6/24/96
TB

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:

Spoight & Associates Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

818 NE 3rd Street
Ocala, FL 34470

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:

C. Frank Speight
2901 SW 41st Street
Apt 1904
Ocala, FL 34476

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JAN 21 PM 2:47
CLERK OF DISTRICT COURT
JAN 21 1976

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

C Frank Speight
1904 SW 41st Street
Apt 1904
Ocala, FL 34476

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

20th day of June, 1996.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Spaight & Associates Insurance, Inc.

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

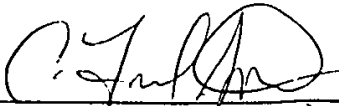
C. Frank Spaight
(NAME)

2901 SW 41st Street, Apt 1904
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ocala, FL 34476
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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)

6/20/96
(DATE)