

P96000058321

**Family Insurance
Progressive**

6640 Ridge Road
Port Richey, Florida 34668
(813) 841-6888

City/State/Zip

Phone #

Office Use Only

SS JUL 10 AM 2:25

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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*****87.50 *****87.50

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF INCORPORATION
OF
FAMILY INSURANCE OF WEST PASCO, INC.**

FILED
96 JUL 10 PM 2:25
TALLAHASSEE, FLORIDA

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

FAMILY INSURANCE OF WEST PASCO, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 6640 Ridge Road, Port Richey, Florida 34668

ARTICLE III

CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Seven Thousand Five Hundred (7,500) shares having a par value of One Dollar (\$1.00) per share.

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Lolia Fonte, 10005 Old Orchard Lane, Port Richey, Florida 34668.

ARTICLE V
INCORPORATOR

The name and address of the incorporators of these Articles of Incorporation is:

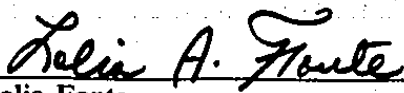
Lolia Fonte, 10005 Old Orchard Lane, Port Richey, FL 34668
Bruce Fonte, 10005 Old Orchard Lane, Port Richey, FL 34668

ARTICLE VI
OFFICERS

The name and address of each officer of the corporation is:

PRESIDENT:	Lolia Fonte 10005 Old Orchard Lane Port Richey, FL 34668
VICE PRESIDENT	Bruce Fonte 10005 Old Orchard Lane Port Richey, FL 34668
SECRETARY	Bruce Fonte (same as above)
TREASURER	Lolia Fonte (same as above)

The undersigned has executed these Articles of Incorporation this 8th day of July, 1996.



Lolia Fonte

Incorporator

WAIVER OF NOTICE OF
THE FIRST MEETING OF INCORPORATORS
OF
FAMILY INSURANCE OF WEST PASCO, INC.

We, the undersigned, being all of the Incorporators named in the Articles of Incorporation of, FAMILY INSURANCE OF WEST PASCO, INC., do hereby waive all notice of the first meeting of Incorporators of said Corporation, and do hereby agree and consent that a date for the first meeting shall be set at a later date.

Dated: July , 1996

Lolia A. Fonte
Lolia Fonte, Incorporator

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

FILED
96 JUL 10 PM 2:25
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501, Florida Statutes, the said 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:

FAMILY INSURANCE OF WEST PASCO, INC.

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

Lolia Fonte
10005 Old Orchard Lane
Port Richey, FL 34688

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.

Lolia A. Fonte
Lolia Fonte

DATED: 7/8/96