

# P96000059403

## TRANSMITTAL LETTER

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

FILED  
95 JUL 15 PM 1:33  
TALLAHASSEE, FL 32314

SUBJECT: CURT GRIFFIN INSURANCE, INC.  
(Proposed corporate name - must include suffix)

300001893948  
-07/16/96--01020--019  
\*\*\*\*122.50 \*\*\*\*122.50

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

FROM:

CURT GRIFFIN INSURANCE, INC

Name (printed or typed)

9100 PARK BLVD #5

Address

SEMINOLE FL 33777

City, State & Zip

1-813-398-4737

Daytime Telephone number

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

mc 7-16-96

## 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:

CURT GRIFFIN INSURANCE, INC

### ARTICLE II PRINCIPAL OFFICE

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

9100 PARK BLVD #5  
SEMINOLE FL 33777

### ARTICLE III SHARES

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

100 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CURT GRIFFIN  
9100 PARK BLVD #5  
SEMINOLE FL 33777

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

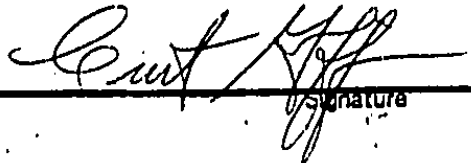
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CURT GRIFFIN  
9100 PARK BLVD #LS  
SEMINOLE FL 33777  
PRESIDENT / SEC-TREAS

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TALLAHASSEE, FLORIDA

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

11th day of July, 1996.



Signature

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.

1. The name of the corporation is: CURT GRIFFIN INSURANCE, INC

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

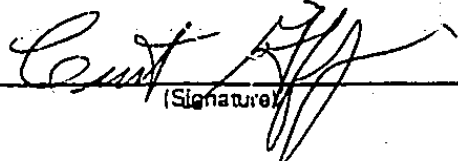
CURT GRIFFIN  
(Name)  
9101 PARK BLVD #5  
(P.O. Box not acceptable)  
SEMINOLE FL 33777  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 JUL 15 PM 1:33

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*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)

7/11/96