

(SAMPLE LETTER OF TRANSMITTAL)  
P96000060557  
Date

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

100001892711  
-07/12/96--01093--003  
\*\*\*\*122.50 \*\*\*\*122.50

Re: FIRST INSURANCE OF OCALA INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours, DAVID J WILLIAMS

DAVID J WILLIAMS  
(individual's name)

FIRST INSURANCE OF OCALA INC.  
(name of corporation)

FILED  
96 JUL 19 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 12 1996 BSB  
6221  
W96-141683

MAILING ADDRESS OF CORPORATION		
P.O. BOX 1986		
OCALA, FLA. 34478		
PHONE		
(904)	622-9344	Ext.
Area Code	Number	



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 15, 1996

DAVID J. WILLIAMS  
P. O. BOX 1986  
OCALA, FL 34478

SUBJECT: FIRST INSURANCE OF OCALA, INC.  
Ref. Number: W96000014683

We have received your document for FIRST INSURANCE OF OCALA, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 996A00034108

# ARTICLES OF INCORPORATION

of

FIRST INSURANCE OF OCALA INC.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**FILED**  
26 JUL 19 AM 11:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

FIRST INSURANCE OF OCALA INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500 ) of ONE DOLLAR Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME:	<u>FIRST INSURANCE OF OCALA INC.</u>		
ADDRESS:	<u>P.O. BOX 1986</u>		
CITY:	<u>OCALA</u>	FLORIDA	ZIP <u>34473</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME:	<u>DAVID J WILLIAMS</u>		
ADDRESS:	<u>4 BANYAN PASS</u>		
CITY:	<u>OCALA</u>	FLORIDA	ZIP <u>34471</u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ( ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME:	<u>DAVID J WILLIAMS</u>		
ADDRESS:	<u>4 BANYAN PASS</u>		
CITY:	<u>OCALA</u>	STATE <u>FLORIDA</u>	ZIP <u>34471</u>
NAME:			
ADDRESS:			
CITY:		STATE	ZIP
NAME:			
ADDRESS:			
CITY:		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	DAVID J. WILLIAMS		
ADDRESS	4 BRYAN PASS		
CITY	DELA	STATE	FLORIDA
			ZIP 34471
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of FEBRUARY, 1996.

\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)

STATE OF FLORIDA )  
COUNTY OF MIAMI ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>DAVID J. WILLIAMS</u> Signature	<u>DRIVERS LICENSE</u> Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

**LETA S. WILLIAMS**  
Notary Public, State of Florida  
My Comm. Expires Feb. 12, 1998  
Comm. No. CC177462

Witness my hand and official seal in the County and State last aforesaid this 5th day of February, 1996

Leta S. Williams  
Notary Signature  
Leta S. Williams  
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

FILED

96 JUL 19 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST INSURANCE OF OCALA INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 1729 ~~300~~ <sup>\*\*</sup> EAST SILVER SPRINGS BLVD, OCALA, FLA. 34470

(MAIL TO:) P.O. BOX 1986 OCALA, FLA. 34470

has named DAVID J. WILLIAMS

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

P96000060557

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

August 5, 1997

FIRST INSURANCE OF OCALA INC.  
1616 S. PINE AVE  
OCALA, FL 34474

SUBJECT: FIRST INSURANCE OF OCALA INC.  
Ref. Number: P96000060557

Debit Memo #: 80327-D

This is to inform you that check #1003 in the amount of \$173.75 submitted with the annual report for FIRST INSURANCE OF OCALA INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$188.75 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after October 5, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 697A00039661