

**D96000080994**

*Kenney Shipley*

Requestor's Name

*1936 Harriet Dr.*

Address

*Tallahassee, FL 32303 562-9420*

City/State/Zip

Phone #

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DIVISION OF CORPORATION

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

1. *Shipley Associates, Inc.*

(Corporation Name)

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<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
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OTHER FILINGS	
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REGISTRATION/ QUALIFICATION	
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ARTICLES OF INCORPORATION OF  
SHIPLEY ASSOCIATES, INC.

KNOW ALL MEN BY THESE PRESENTS, that the undersigned has come this day for the purpose of forming a corporation under the laws of the State of Florida, and to that end does hereby adopt Articles of Incorporation, as follows:

ARTICLE I

The name of the proposed corporation is:

SHIPLEY ASSOCIATES, INC.

ARTICLE II

The general nature of the business to be transacted by the Corporation shall be consulting services related to the insurance industry.

ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is ten (10) shares at no par value each.

Authorized capital stock may be paid for in cash, or in services or property, in which case, just value shall be fixed by the Board of Directors of this Corporation at any regular or special meeting.

ARTICLE IV

The classification of shares of stock shall be as follows:

Common - 10 shares - no par value

ARTICLE V

The amount of capital with which the Corporation will begin business is One Hundred Dollars (\$100.00).

ARTICLE VI

The corporation shall have perpetual existence.

#### ARTICLE VII

##### Principal office

The street address of the corporation's principal office is 1936 Harriett Dr., Tallahassee, Florida 32303.

##### Registered agent

The name of its initial registered agent is Larry S. Wolfe, and the address of the registered agent is 200-A John Knox Rd, Tallahassee, Florida 32303.

#### ARTICLE VIII

The number of directors of the Corporation shall be as provided in the By-Laws, but shall not be less than one (1) in number, nor more than five (5), and shall be one (1) in number until otherwise fixed or changed by the By-Laws.

#### ARTICLE IX

The name and post office address of the first Board of Directors, who, subject to the provisions of the Articles of Incorporation, the By-Laws of this Corporation, and the laws of Florida, shall hold office for the first year of the corporation's existence, or their successors are elected and qualified is as follows:

Kenney Shipley  
1936 Harriett Dr.  
Tallahassee, Fl 32303  
President, Secretary, Treasurer

#### ARTICLE X

The names and post office addresses of the incorporator of these Articles of Incorporation is:

Kenney Shipley  
1936 Harriett Dr.  
Tallahassee, Fl 32303

#### ARTICLE XI

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, posed by them to the stockholders and approved at a stockholders meeting by a majority of the stock entitled to vote therein, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that a certain amendment to the Articles of Incorporation be made.

IN WITNESS WHEREOF, I, Kenny Shipley, being the incorporator hereinabove named, have hereunto set my hand and seal this 30<sup>TH</sup> day of SEPTEMBER, 1996, A.D.

Robin Harper-Clauson  
witness: ROBIN HARPER-CLAUSON

Larry S. Wolfe  
witness: LARRY S. WOLFE

K. Shipley (SEAL)  
incorporator  
name: Kenny Shipley

STATE OF FLORIDA

COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared the incorporator, to me personally known to be the person described in and who executed the forgoing instrument and the incorporator acknowledged before me under oath that the incorporator executed the same.

WITNESS my hand and official seal in the County  
and State last aforesaid the 30<sup>TH</sup> day of September, 1996.

Larry S. Wolfe  
Notary Public Name: LARRY S. WOLFE  
Notary Public  
State of Florida at Large

My commission expires:  LARRY S. WOLFE  
MY COMMISSION # CC330895 EXPIRES  
September 23, 1998  
BOKER THURGOOD LAW INSURANCE, INC.

I am familiar with the obligations of and agree to accept the position of registered agent for this corporation.

Larry S. Wolfe  
Registered agent Name: Larry S. Wolfe

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