

P9600086226

TRANSMITTAL LETTER

RECEIVED
06 OCT 18 PM 12:57
DIVISION OF CORPORATION

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

RECEIVED
DIVISION OF CORPORATIONS
05 OCT 19 PM 1:19

SUBJECT: HOLM INSURANCE AGENCY INC.
(Proposed corporate name - must include suffix)

0000001300109-12
10/18/96-01049-026
***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

Additional Copy Required

FROM:

MICHAEL N. HOLM
Name (printed or typed)

620 S. JOHNSON ST.
Address

MONTICELLO FL 32344
City, State & Zip

(904) 997-4656
Daytime Telephone number

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

D. BROWN OCT 18 1996

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 18 PM 1:16

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:

HOLM INSURANCE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

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

620 SOUTH JEFFERSON ST.
MONTICELLO, FLORIDA 32344

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:

DAVID B. COPELAND
620 SOUTH JEFFERSON ST.
MONTICELLO, FLA. 32344

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):

MICHAEL H. HOLM - PRESIDENT
620 S. SILVERMAN ST.
MONTICELLO, IA 32344

DAVID B. COPELAND - VICE PRES.
SAME AS ABOVE

VICKI H COPELAND - Secretary
SAME AS ABOVE

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

18 day of OCTOBER, 19 96.

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

Michael H. Holm
Signature
D. B. Copeland
Signature
Vicki H. Copeland
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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 18 PM 1:16

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: HOLM INSURANCE AGENCY INC.

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

DAVID B. COPELAND
(NAME)

620 S. JEFFERSON ST.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MONTICELLO, FLA. 32344
(CITY/STATE/ZIP)

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.

David B. Copeland
(SIGNATURE)

10-18-96
(DATE)