

P97000001076



GEORGE QUARTERMAN, Agent
Auto - Life - Health - Home and Business

2932 University Blvd. West, Jacksonville, FL 32217
Phone: Business (904) 730-3665

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-12/20/95--01074--003
*****70.00 *****70.00

Office Use Only

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

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

FILED
97 JUN -5 PM 3:50
STATE
FLORIDA

- ☐ 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

W96-24967



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 26, 1996

GEORGE QUARTERMAN
2932 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

SUBJECT: GEORGE QUARTERMAN INSURANCE AGENCY, INC.
Ref. Number: W96000026967

We have received your document for GEORGE QUARTERMAN INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 596A00057213

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:

George Quarterman Insurance Agency, Inc.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2932 University Blvd., West
Jacksonville, Fl. 32217

ARTICLE III SHARES

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

100 Shares @ \$.1.00 Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

George Quarterman
2932 University Blvd., West
Jacksonville, Fl. 32217

*I hereby am familiar with and accept the
duties and responsibilities as registered agent for
said corporation.*

George Quarterman

ARTICLE V INCORPORATOR(S)


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

George Quarterman, President
8459 Grayling Drive, South
Jacksonville, Fl. 32256

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

____ 17th ____ day of ____ December ____ 19 96 ____ .



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**