

P97000004446

TRANSMITTAL LETTER

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

SUBJECT: Bill Booth Insurance, Inc.
(Proposed corporate name - must include suffix)

300002063539--8
-01/21/97--01065--010
*****78.75 *****78.75

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: H. E. Booth
Name (Printed or typed)

5455 Fairway Drive
Address

Ridge Manor, Florida 33523
City, State & Zip

352 583-3690
Daytime Telephone number

FILED
97 JAN 15 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

688, 671
W97-882
B. REGISTER JAN 14 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 14, 1997

H E BOOTH
5455 FAIRWAY DRIVE
RIDGE MANOR, FL 33523

SUBJECT: BILL BOOTH INSURANCE, INC.
Ref. Number: W97000000882

We have received your document for BILL BOOTH INSURANCE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 997A00001816

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:

Bill Booth Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5455 Fairway Drive
Ridge Manor, Florida 33523

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:

H. F. Booth
5455 Fairway Drive
Ridge Manor, Florida 33523

FILED
97 JAN 15 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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):

President H. E. Booth
 5455 Fairway Drive
 Ridge Manor, Florida 33523

V.P. Secretary Norma R. Booth
& Treasurer 5455 Fairway Drive
 Ridge Manor, Florida 33523

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

11 day of JAN., 1997.

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



Signature



Signature

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**

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 Bill Booth Insurance, Inc.

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

H. E. Booth

(NAME)

5455 Fairway Drive

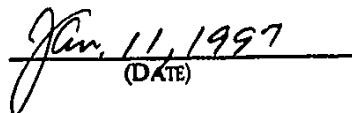
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ridge Manor, Florida 33523

(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.


(SIGNATURE)


(DATE)

FILED
91 JUN 15 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA