P97000007525

FILED
JAN 27 PM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**SUBJECT:** Fourth Street Insurance Professionals Inc.
(Proposed corporate name - must include suffix)

700002054287--7
-01/10/97--01080--015
*****70.00 *****70.00

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: Paul Michael Unlesky
Name (Printed or typed)

P.O Box 7068
Address

St Pete FLA 33734
City, State & Zip

813-823-1555 · 1-15-97
Daytime Telephone number

1097-1083
62
609
691

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

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 15, 1997

PAUL MICAHEL VOLESKY
POST OFFICE BOX 7068
ST PETERSBURG, FL 33734

SUBJECT: FOURTH STREET INSURANCE PROFESSIONALS INC.
Ref. Number: W97000001083

We have received your document for FOURTH STREET INSURANCE PROFESSIONALS INC. and check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

The designation of the registered agent must be at a Florida street address.

The document must state the number of shares of authorized stock.

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 697A00002129

# 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:

Fourth Street Insurance Professionals Inc.

## ARTICLE II PRINCIPAL OFFICE

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

5800 4TH Street No. St Pete FL

MAILING: P.O Box 7068.
St Pete FL 33734

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## ARTICLE III SHARES

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

50

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL Michael Vuleky
1817 16TH St N
St Pete FL 33704

**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):

PAUL MICHAEL VALERY
1817 16TH ST N
ST PETE FL 33704

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

1 day of JAN, 19 97.

(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 Fourth Street Insurance Professionals, Inc

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

Paul M Yulesky
(NAME)

1817 16th St N.
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

St Pete Fl 33704
(CITY/STATE/ZIP)

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*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)

1-7-97
(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**