

P97000020325

TRANSMITTAL LETTER

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

SUBJECT: A-AllStar Insurance Agency of Fort Pierce, Inc.
(Proposed corporate name - must include suffix)

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

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-02/21/97--01014--003
****122.50 ****122.50

FROM: Steven Clark
Name (printed or typed)
901 Martin Downs Blvd., Suite 300
Address
Palm City, FL 34990
City, State & Zip
(561) 283-7364
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR -5 PM 2:18

25
FEB 24 1997 BSB

69, 611
W97-4500

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 25, 1997

STEVEN CLARK
901 MARTIN DOWNS BLVD.
SUITE 300
PALM CITY, FL 34990

SUBJECT: A-ALLSTAR INSURANCE AGENCY OF FORT PIERCE, INC.
Ref. Number: W97000004500

We have received your document for A-ALLSTAR INSURANCE AGENCY OF FORT PIERCE, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 397A00009865

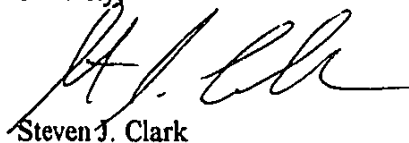
March 4, 1997

Ms. Brenda Baker
Corporate Specialist
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32314

Dear Ms. Baker:

Enclosed please find the copy of the Letter which was sent to me dated Feb. 25 and a copy of the forms which I failed to sign. Please forgive my oversight if there is anyway to speed up the response time of these actions please contact me at my office at 561-283-7364. If in anyway if is possible to have you fax me a copy of the recorded paperwork before you send it out to me it would be greatly appreciated as I am under a time constraint. Thank you in advance for your consideration an attention to this matter.

Sincerely,



Steven J. Clark

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION 97 MAR -5 PM 2:18

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:

A-AllStar Insurance Agency of Fort Pierce, Inc.

ARTICLE II PRINCIPAL OFFICE

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

901 Martin Downs Blvd.
Suite 300
Palm City, FL 34990

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Steven Clark
901 Martin Downs Blvd.
Suite 300
Palm City, FL 34990

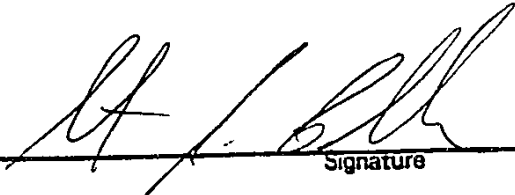
ARTICLE V INCORPORATOR(S)

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

Steven Clark
901 Martin Downs Blvd.
Suite 300
Palm City, FL 34990

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

18th day of Feb., 1997.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

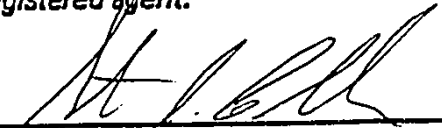
1. The name of the corporation is: A-AllStar Insurance Agency of
Fort Pierce, Inc.

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

Steven Clark
(Name)
901 Martin Downs Blvd., Suite 300
(P.O. Box not acceptable)
Palm City, FL 34990
(City/State/Zip)

FILED
SECRETARY OF STATE
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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)

3-4-97
(Date)