

D97000024697

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 MAR 19 PM 12:05

DETH TAYLOR
 Requestor's Name
1700
~~2157~~ *McMULLEN BOOTH RD C5*
 Address
800 743
COOKWATER FL 34619
 City/State/Zip Phone #

Office Use Only

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

1. *TURNKEY Insurance Services, Inc.*
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- 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 |

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97 MAR 19 PM 11:54
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Examiner's Initials

D. BROWN MAR 19 1997

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DIVISION OF CORPORATIONS
97 MAR 19 PM 12:05

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a coporation under the Florida Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I
NAME

The name of the coporation shall be: **TurnKey Insurance Services, Inc.**

ARTICLE II
PRINCIPAL OFFICE

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

**1700 McMullen Booth Road
Suite C-5
Clearwater, FL 34619**

ARTICLE III
SHARES

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

1000

ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Elizabeth A. Taylor
1700 McMullen Booth Road
Suite C-5
Clearwater, Florida 34619**

**ARTICLE V
INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporation are:

**Elizabeth A. Taylor
1700 McMullen Booth Road
Suite C-5
Clearwater, Florida 34619**

**Janis L. Russell
1700 McMullen Booth Road
Suite C-5
Clearwater, Florida 34619**

The undersigned incorporators have executed these Articles of Incorporation this 15th day of March, 1997.


Signature


Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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DIVISION
97 MAR 18 10 13 AM '06

Pursuant to the provisions of Section 607.0501 or 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: **TurnKey Insurance Services, Inc.**
2. The name and address of the registered agent and office is:

**Elizabeth A. Taylor
1700 McMullen Booth Road
Suite C-5
Clearwater, Florida 34619**

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