17000061328

TRANSMITTAL LETTER

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

Proposed corporate name - must include siffix)

900002238609---07/15/97--01065--012 *****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

\$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Patricia A. Singleton
Name (Printed or typed)

Rt 3, Box 119 L
Address

Haran, FL 32333
City, State & Zip

904-385-4623-Daytine Telephone number

RECEIVED
97 JUL 15 PH 1:42
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be:	;	3
North Florida Insurance Agency of Tallahussee, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1221 Commercial Park Drive, 5-7 Iallahassee, FL 32303 ARTICLE III SHARES	97 JUL 15 PH 1:52	SECRETURY OF STATE STATE OF STATIONS
The number of shares of stock that this corporation is authorized to have outstanding at any one time i	s:	
· (Share		
The name and Florida street address of the initial registered agent are: Patricia A. Singleton Rt 3, Box 719L Havang, FL 32333 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Patricia A. Singleton Rt 3, Box 719L Havang, FL 32333 Galtrin A. Singleton Rt 3, Box 719L Havang, FL 32333 Jaluni A. Sundeton Rt 3, Box 719L Havang, FL 32333		
Signature/Incorporator Date		
V		

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

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/Registered Agent

<u>-1597</u>

Date