P978800098839

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

SUBJECT:	ampa Bay Insu (Proposed of	rance Flaen orporate name - must include	cy, Inc.	
			70000234 -11/17/97- *****78.7	
Enclosed is an or	iginal and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	· ·	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: Juanita L. Kessel Name (Printed or typed)				
	2727 West F	letcher Ave	. Apt. 48F	
	Jampa, Flan,	33(018 State & Zip	· .	

- 9100 - 24100 Daytime Telephone number

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



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.

ARTI	CLE	I	NAME	•

The name of the corporation shall be:

Tampa Bay Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2727 West Fletcher Avenue Apt. #48F

Tampa, Florida 33618

ARTICLE III SHARES

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

30,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Juanta L. Kessel 2727 West Fletcher Avenue Apt. #48F Tampa IFL 33618

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Juanita L. Kessel

2727 West Fletcher Avenue Apt. #48F

Tampa FL 33618

(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