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Department of State Division of Corporations	S			
P.O. Box 6327	•			
Tallahassee, Fl 32314				
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			-06/18/98010510 ****122.50 ****12	20 2 50
SUBJECT: _Kirkland	I Insurance Agency, Inc	c		
(Proposed	i corporate name - mus	t include suffix)		
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	. (4)		n and a check for	
Enclosed is an original	and one (1) copy of the	articles of incorporatio	in and a check for.	
\$70.00	578.75	5 \$122.50	5 \$131.25	
Filing Fee	Filing Fee &	Filing Fee &	Filing Fee,	
	Certificate	Certified Copy	Certified Copy & Certificate	
			Cermicate	
		ADDITIONAL	COPY REQUIRED	
			•	
FROM: L	ori Ellen Ward			-
,	Name (Prin	nted or Typed)		
Ŧ	P.O. Box 175		므	
		idress	St A	33
			= 9	海卫
I	Destin, Fl 32540	0 7.	98 JUN 18 1	
	City, S	State & Zip	= 3	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

(850) 837-5118 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 adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: Kirkland Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2518 Highway 77, Suite E
Lynn Haven, Florida 32444

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: -7500-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lori Ellen Ward 1234 Airport Road, Suite 111 Destin, Florida 32541

ARTICLE V INCORPORATOR

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

Lori Ellen Ward P.O. Box 175 Destin, FL 32540

Signature/Incorporator	6/16/98
Signature/Incorporator	Date

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

Having been named as registered agent and to accept services 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

Out Ellew Ward

Signature/Registered Agent

Date