

P98000097165

Haben + Richmond, P.A.

Requestor's Name

1435 E. Piedmont, Ste 201

Address

Tallahassee, FL 32312 422-1221

City/State/Zip

Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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98 NOV 18 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ Walk in

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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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*****78.75 *****78.75

Pls.
call

W-25927
TS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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99 NOV 18 PM 3:26

DIVISION OF CORPORATION

November 17, 1998

HABENT & RICHMOND, P.A.

SUBJECT: CAPITAL INSURANCE ASSOCIATES, INC.
Ref. Number: W98000025927

We have received your document for CAPITAL INSURANCE ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Article V states there will be ONE director(s), whereas NONE is/are listed.

Please return the original and one copy of 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 (850) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 498A00055342

Call when Ready!
422.1221

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
CAPITAL INSURANCE ASSOCIATES, INC.**

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.

The name of this corporation shall be: **CAPITAL INSURANCE ASSOCIATES, INC.** The principal office address of this corporation is 247 E. 7th Avenue, Ste. 201, Tallahassee, Florida 32303.

ARTICLE II.

This corporation is organized for the purposes of engaging in any and all lawful business permitted under the laws of the United States and of the State of Florida.

ARTICLE III.

This corporation is authorized to issue one thousand (1,000) shares of one cent (\$0.01) par value common stock.

ARTICLE IV.

The street address of the initial registered office of this corporation is: 247 E. 7th Avenue, Tallahassee, Florida 32303, and the name of the initial registered agent at that address is: Michelle H. Haben.

ARTICLE V.

This corporation shall have one (1) Director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the Directors of this corporation are:

Director: Michelle H. Haben
247 E. 7th Avenue
Tallahassee, Florida
32303

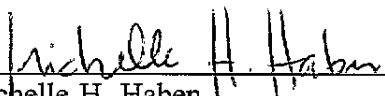
ARTICLE VI.

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE VII.

The names and addresses of the persons signing these Articles are as follows:

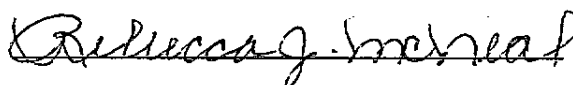
IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 17th day of November, 1998.



Michelle H. Haben

STATE OF FLORIDA,
County of Leon.

The foregoing instrument was acknowledged before me this 17th day November, 1998, by Michelle H. Haben, who executed the foregoing Articles of Incorporation and who is personally known to me and who did not take an oath.



Type or print name of notary public

Notary Public, State of Florida

Commission No. _____



Rebecca J. McNeal
MY COMMISSION # CC729838 EXPIRES
July 7, 2002
BONDED THRU TROY FAIR INSURANCE, INC

THIS INSTRUMENT PREPARED BY:
Ralph H. Haben, Jr.
Haben & Richmond, P.A.
1435 E. Piedmont Drive, Ste. 201
Tallahassee, Florida 32312
Telephone: (850) 422-1221

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

Pursuant to the provisions of section 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:

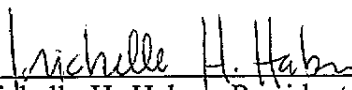
Capital Insurance Associates, Inc.

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

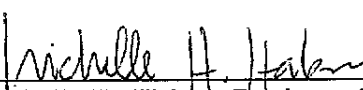
Michelle H. Haben
247 E. 7th Avenue, Ste. 201
Tallahassee, Florida 32303

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TALLAHASSEE, FLORIDA

Post Office box addresses are not acceptable.


Michelle H. Haben, President
Date: November 17, 1998

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.


Michelle H. Haben, Registered Agent
Date: November 17, 1998