

# TRANSMITTAL LETTER

11-19-98

**P9800098766**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 20 PM 12:16

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

200002692812--5  
-11/20/98--01065--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** WOOLSEY INSURANCE AGENCY CORPORATION  
(Proposed corporate name - must include suffix)

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 of Status

☒ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

Return to:

**FROM:** F. B. Estergren, P.A.  
Name (Printed or typed)

P.O. Drawer 2167  
Address

Ft. Walton Beach, FL 32549  
City, State & Zip

1 850 243 0139 (in A.M.)  
Daytime Telephone number

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

ARTICLES OF INCORPORATION  
OF

WOOLSEY INSURANCE AGENCY CORPORATION

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ARTICLE I - NAME:

The name of this corporation is: WOOLSEY INSURANCE AGENCY CORPORATION, hereinafter referred to as the "Corporation".

ARTICLE II - DURATION:

The Corporation shall exist perpetually, commencing upon the filing of the Articles of Incorporation with the Department of State.

ARTICLE III - PURPOSE:

The Corporation is organized for the purpose of engaging in the Insurance business and for the purpose of transacting any or all other lawful business not inconsistent with the Laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK:

The Corporation is authorized to issue 100,000 shares of One Dollar (\$1.00) par value common stock.

ARTICLE V - PRE-EMPTIVE RIGHTS:

Every shareholder, upon the sale for cash of any new stock of the same kind, class or series as that which he or she already holds, shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT:

The principal office and street address of the Corporation is: 1845 E. John Sims Parkway, Niceville, FL 32578, and the mailing address is: 1845 E. John Sims Parkway, Niceville, FL 32578.

The name of the Registered Agent of the Corporation is:  
MARK L. WOOLSEY, and the street office address of such  
registered agent and registered office of the Corporation is:  
1845 E. John Sims Parkway, Niceville, FL 32578.

ARTICLE VII - INITIAL BOARD OF DIRECTORS:

The Corporation shall have two directors initially. The  
number of directors may be either increased or decreased  
from time to time by the By-Laws but shall never be less than one.  
The name and address of the initial directors of the Corporation  
are: MARK L. WOOLSEY, 908 St. Andrews Cove, Niceville, FL 32578.

MARTHA L. WOOLSEY, 908 St. Andrews Cove, Niceville, FL 32578.

ARTICLE VIII - INCORPORATOR:

The name and address of the person signing these Articles is:  
MARK L. WOOLSEY, 1845 E. John Sims Parkway, Niceville, FL 32578.

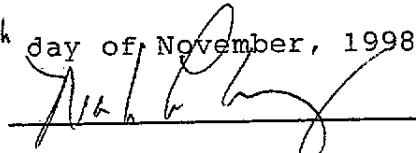
ARTICLE IX - BY-LAWS:

The power to adopt, alter, amend or repeal the By-Laws  
shall be vested in the Board of Directors and the shareholders.

ARTICLE X - SECTION 1244 STOCK:

It is the intent of this Charter that the directors may  
sell the capital stock of the Corporation in accordance with  
the conditions of Sections 1243-1244, inclusive, of the  
Internal Revenue Code of 1954 as amended.

IN WITNESS WHEREOF, the undersigned has executed these  
Articles of Incorporation on this 19<sup>th</sup> day of November, 1998.



MARK L. WOOLSEY

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

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DIVISION OF CORPORATIONS  
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Pursuant to the provisions of sections 607.0501 or 617.0501, 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: \_\_\_\_\_

\_\_\_\_\_  
WOOLSEY INSURANCE AGENCY CORPORATION

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

\_\_\_\_\_  
MARK L. WOOLSEY

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
1845 E. John Sims Parkway

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_  
Niceville, FL 32578

\_\_\_\_\_  
(CITY/STATE/ZIP)

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 \_\_\_\_\_

Mark L. Woolsey

DATE \_\_\_\_\_

11-19-98