

# P98000104243

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Ledbetter Insurance, Inc..**

Enclosed is an original and one (1) copy of the articles of incorporation of the above referenced entity and a check payable to "Secretary of State" for:

\$70.00 Filing Fee                       \$122.50 Filing Fee & Cert. Copy \*

\$78.75 Filing Fee & Certificate       \$131.25 Filing Fee, Cert. Copy & Certificate \*

\* Additional Copy of Articles Required

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Jeff Ledbetter  
1311 Missouri Ave. South  
Clearwater, Florida 33756  
Tel: 727-447-1040

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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# 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:

Ledbetter Insurance, Inc..

## ARTICLE II: PRINCIPAL OFFICE

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

1311 Missouri Ave. South Clearwater, Florida 33756

## ARTICLE III: SHARES

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

100,000 Shares

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jeff Ledbetter 1311 Missouri Ave. South Clearwater, Florida 33756

## ARTICLE V: INCORPORATOR

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

Jeff Ledbetter 1311 Missouri Ave. South Clearwater, Florida 33756

  
Signature/Incorporator

12/11/98  
Date

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

12/11/98  
Date

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TALLAHASSEE, FLORIDA