

TRANSMITTAL LETTER

P99000001214

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

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-01/04/99--01056--015
*****87.50 *****87.50

SUBJECT: ACCORDINO Insurance Agency, Inc
(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

FROM: BARBARA JO ACCORDINO
Name (Printed or typed)

10804 SILVER STAR ROAD
Address

ORLANDO FL 32818
City, State & Zip

407-291-2833
Daytime Telephone number

FILED
99 JAN -4 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSER JAN 6 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

ACCORDINO Insurance Agency Inc

ARTICLE II PRINCIPAL OFFICE

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

6804 Silver STAR ROAD
ORLANDO, FL 32818

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BARBARA JO ACCORDINO
6804 Silver STAR ROAD
ORLANDO, FL 32818

ARTICLE V INCORPORATOR

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

BARBARA JO ACCORDINO
6804 Silver STAR ROAD
ORLANDO, FL 32818

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TALLAHASSEE, FLORIDA

Barbara Jo Accordino
Signature/Incorporator

1-1-1999
Date

(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

Barbara Jo Accordino
Signature/Registered Agent

1-1-1999
Date