

P99000020621

TRANSMITTAL LETTER

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

FILED
99 MAR - 1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Jim "Buddy" Davenport Insurance Agency, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

James R. Davenport
Name
1708 State Road 44
Address
New Smyrna Beach, FL 32168
City, State, & Zip
(904) 427-5237
Telephone Number

600002791126--6
-03/01/99-01145-018
****122.50 *****78.75

Note: Additional copy of articles is needed when certified copy is requested.

CB
3-5-99
4

ARTICLES OF INCORPORATION

OF

Jim "Buddy" Davenport Insurance Agency, 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 NAME

The name of the corporation shall be:

Jim "Buddy" Davenport Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1708 State Road 44
New Smyrna Beach, FL 32168

ARTICLE III CAPITAL STOCK

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

James R. Davenport
1708 State Road 44
New Smyrna Beach, FL 32168

FILED
99 MAR -1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

James R. Davenport
1708 State Road 44
New Smyrna Beach, FL 32168

The undersigned has(have) executed these Articles of Incorporation this

10th day of February, 19 99.

James R. Davenport Pres
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: Jim "Buddy" Davenport Insurance Agency, Inc.

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

James R. Davenport
(NAME)

1708 State Road 44
(P.O. BOX NOT ACCEPTABLE)

New Smyrna Beach, FL 32168
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR - 1 AM 8:07

FILED

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

James R. Davenport

DATE

2-10-99

REGISTERED AGENT FILING FEE: \$35.00