

P99000052358

TRANSMITTAL LETTER

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

SUBJECT: ANCHOR INSURANCE & MANAGEMENT, INC.
(Proposed corporate name - must include suffix)

300002884903--9
--05/25/99--01007--005
*****87.50 *****87.50

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: MICHAEL D. LEE
Name (Printed or typed)

3947 BOULEVARD CENTER DR #2
Address

JACKSONVILLE, FL 32207
City, State & Zip

904-724-1022
Daytime Telephone number

FILED
99 JUN -9 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

~~558, 2589, 2554, 613, 621~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 27, 1999

MICHAEL D. LEE
3947 BOULEVARD CENTER DR, #2
JACKSONVILLE, FL 32207

SUBJECT: ANCHOR INSURANCE & MANAGEMENT, INC.
Ref. Number: W99000012415

We have received your document for ANCHOR INSURANCE & MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

You must list the corporation's principal office and/or a mailing address in the document.

The registered agent must have a Florida street address. A post office box is not acceptable.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

You must list at least one incorporator with a complete business street address.

Please return 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) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 499A00029261

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.

FILED
99 JUN -9 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ANCHOR INSURANCE & MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

3947 BOULEVARD CENTER DR, #2
JACKSONVILLE, FL 32207

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael D. Lee
3947 Boulevard Center Dr. #2
Jacksonville, FL 32207

ARTICLE V INCORPORATOR

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

Michael D. Lee
3947 Boulevard Center Dr., #2
Jacksonville, FL 32207



Michael D. Lee
Signature/Incorporator

5-10-99
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

Michael D. Lee
Signature/Registered Agent

5-10-99
Date