

P99000058832

TRANSMITTAL LETTER

FILED

99 JUN 29 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

400002907634--2

-06/17/99--01061--017

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Lex L Barker 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:

Lex L Barker

Name (Printed or typed)

2860 Cessna Way

Address

Wellington, Fla 33414

City, State & Zip

561-791-9535

Daytime Telephone number

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

B. BROWN JUN 29 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 29, 1999

LEX L. BARKER  
2869 CESSNA WAY  
WELLINGTON, FL 33414

SUBJECT: LEX L. BARKER INSURANCE AGENCY, INC.  
Ref. Number: W99000014231

We have received your document for LEX L. BARKER INSURANCE AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

YOU ARE NOT GIVING US THE PRINCIPAL PLACE OF BUSINESS FOR THE CORPORATION ASKED FOR. SEE THE ENCLOSED PACKET OF ARTICLES OF INCORPORATION WITH INSTRUCTIONS ATTACHED.

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 899A00032681

## 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.

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99 JUN 29 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Lex L. Barker Insurance Agency, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

13873-B3 Wellington Trace  
Wellington, Fla 33414

### ARTICLE III SHARES

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

1000 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lex L Barker 2860 CESSNA Way Wellington, Fla 33414

### ARTICLE V INCORPORATOR

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

Lex L Barker 2860 CESSNA Way Wellington, Fla 33414

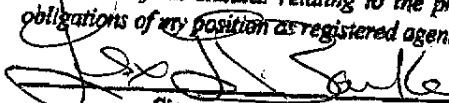
  
Signature/Incorporator

6-29-99

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.

  
Signature/Registered Agent

6-29-99

Date