

TRANSMITTAL LETTER

99000092962

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

400002965364--5  
-08/20/99-01043-013  
\*\*\*\*\*78.00 \*\*\*\*\*78.00

SUBJECT: HALE INSURANCE SERVICES 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: LEONORA L. HALE  
Name (Printed or typed)

6891 NW 88th  
Address

Chiefland, FL 32626  
City, State & Zip

352-490-5008  
Daytime Telephone number

FILED  
99 OCT 21 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

D. BROWN OCT 21 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 25, 1999

LEONORA L. HALE  
6891 N.W. 88TH LANE  
CHIEFLAND, FL 32626

SUBJECT: HALE INSURANCE AGENCY OF CHIEFLAND, FL. INC.  
Ref. Number: W99000019687

We have received your document for HALE INSURANCE AGENCY OF CHIEFLAND, FL. INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

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: 699A00042604

## 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:

Hale Insurance Services, Inc

### ARTICLE II PRINCIPAL OFFICE

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

6891 NW 88 Lane - Home  
2119 NW 11 Dr. office  
Chiefland, Fl. 32626

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Leonora Hale  
2119 NW 11th Drive  
Chiefland, Fl. 32626

### ARTICLE V INCORPORATOR

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

Leonora L. Hale  
2119 NW 11th Drive  
Chiefland, Fl. 32626

X Leonora L. Hale  
Signature/Incorporator

10-18-99  
Date

FILED  
99 OCT 21 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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

X Leonora L. Hale  
Signature/Registered Agent

10-18-99  
Date