

P240WUG52086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

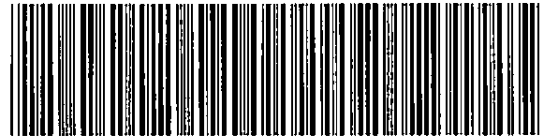
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 AUG 15 AM 9:47
HALL COUNTY CLERK
STATE OF FLORIDA

PERFORMING
2024 AUG 15 PM 2:20
HALL COUNTY CLERK
STATE OF FLORIDA

COVER LETTER

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

SUBJECT: AMERICAN SAFETY HOLDING COMPANY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: PATTY PIZZUTO
Name (Printed or typed)
1656 METROPOLITAN CIRCLE
Address
TALLAHASSEE, FL 32308
City, State & Zip
850-765-1014
Daytime Telephone number
patty@haneyholloway.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
DEPARTMENT OF STATE

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: AMERICAN SAFETY HOLDING COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailng address, if different is:

9009 Mahan Drive, Suite 501

Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BART W. CASSIDY, P/D

Name and Title: CATHERINE CASSIDY, VP/S/T/D

Address 9009 Mahan Drive, Suite 501

Address: 9009 Mahan Drive, Suite 501

Tallahassee, FL 32309

Tallahassee, FL 32309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MARK T. HANEY
Address: 1656 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

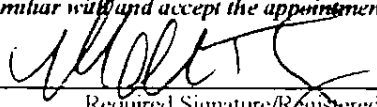
Name: MARK T. HANEY
Address: 1656 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

ARTICLE VIII EFFECTIVE DATE:

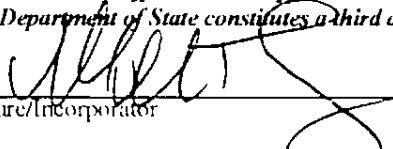
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 August 15, 2024
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 August 15, 2024
Required Signature/Incorporator Date

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