

F 15000002019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

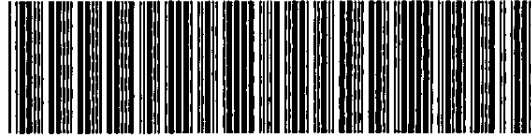
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 MAY - 7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/11/15

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Family Insurance Agency Corp  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ernesto Cabo Vallejo

Name of Person

Family Insurance Agency Corp

Firm/Company

6373 Little River Turnpike

Address

Alexandria, VA, 22312

City/State and Zip code

ernicuba@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernesto Cabo

Name of Person

at ( 202 ) 905-9617

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2015

ERNESTO CABO VALLEJO  
6373 LITTLE RIVER TURNPIKE  
ALEXANDRIA, VA 22312

SUBJECT: FAMILY INSURANCE AGENCY CORP  
Ref. Number: W15000027932

We have received your document for FAMILY INSURANCE AGENCY CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00008009

FILED  
15 MAY -7 PM 2:41  
TALLAHASSEE, FLORIDA

FILED  
15 MAY -7 PM 5:00  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Family Insurance Agency, Corp  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia 3. 39-2065044  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/14/2007 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4/1/2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6373 Little River Turnpike, Alexandria, VA, 22312  
(Principal office address)

6373 Little River Turnpike, Alexandria, VA, 22312  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KATIA MARTINEZ

Office Address: 3940 10th Ave N, Ste 3

Lake Worth, Florida 33461  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

K. Martinez

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Ernesto Cabo

Address: 6373 Little River Turnpike, Alexandria, VA, 22312

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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DEPARTMENT OF STATE  
FALLS CHURCH, VIRGINIA

**B. OFFICERS**

President: Ernesto Cabo

Address: 6373 Little River Turnpike, Alexandria, VA, 22312

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

ECabo  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. \_\_\_\_\_

Ernesto Cabo, owner  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

That Family Insurance Agency Corp. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is September 14, 2007;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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15 MAY - 7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:*  
*April 10, 2015*

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission