

P03000018664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

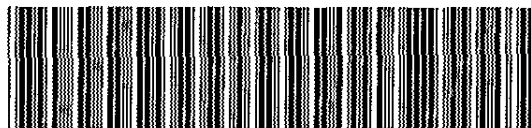
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A & R INSURANCE AGENCY INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

A & R INSURANCE AGENCY INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator for the purposes of forming a corporation under the Florida Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

A & R INSURANCE AGENCY INC.

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

25 S.E. 2nd Ave, Suite # 502

Miami, Florida 33131

ARTICLE II SHARES

The number of shares of stock that this corporation is authorized to have shall be:

100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial Registered Agent shall be:

Brett E. Vining

Ingraham Building

25 S.E 2nd Ave, Suite # 502

Miami, Florida 33131

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Brett E. Vining


Signature of Incorporator


Date

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ARTICLE VI. DIRECTOR(S) OFFICER(S)

The name(s) and address(es) of the Director(s) / Officer(s) shall be:

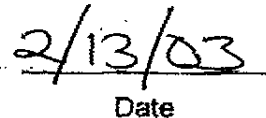
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Brett E. Vining, Pres., V.P., Secretary – Treasurer, Director
25 S.E. 2nd Ave. Suite # 502
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles, 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 the 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.

Brett E. Vining


Signature


Date