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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: C. Insurance, 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: Claudia Fernandez
Name (Printed or typed)

780 S.E. 2nd Place
Address

Hialeah, Florida 33010
City, State & Zip

(786) 337-6177
Daytime Telephone number

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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

C. Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

780 S.E. 2nd Place
Hialeah, Florida 33010

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es).

Claudia Fernandez
780 S.E. 2nd Place
Hialeah, Florida 33010

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Claudia Fernandez
780 S.E. 2nd Place
Hialeah, Florida 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Claudia Fernandez
780 S.E. 2nd Place
Hialeah, Florida 33010

****

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

Claudia Fernandez
Signature/Registered Agent

02-06-03
Date

Claudia Fernandez
Signature/Incorporator

02-06-03
Date