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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03 MAR 31 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

# TRANSMITTAL LETTER

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

**SUBJECT:** S & L INSURANCE CORP.
**(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: Darlene Lauzurique
Name (Printed or typed)

10949 W. Okeechobee Rd #101
Address

Hialeah Gardens, FL 33018
City, State & Zip

(786) 423-7880 OR (305) 817-9677
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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***ARTICLE I NAME***

The name of the corporation shall be:

S & L INSURANCE Corp.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

2980 Griffin Rd. Suite #3
Dania, FL 33312

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

Insurance Agency

***ARTICLE IV SHARES***

The number of shares of stock is:

100

***ARTICLE V INTTIAL OFFICERS/DIRECTORS (optional)***

The name(s), address(es) and title(s):

President/Secretary: Darlene Lauzurique
10949 W. Okeechobee Rd #101
Hialeah Gardens, FL 33018

Vice president: Domingo E. Sosa
10949 W Okeechobee Rd #101 Hialeah Gardens, FL 33018.

***ARTICLE VI REGISTERED AGENT***

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

Darlene Lauzurique
10949 W. Okeechobee Rd #101
Hialeah Gardens, FL 33018.

***ARTICLE VII INCORPORATOR***

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

Darlene Lauzurique
10949 W. Okeechobee Rd #101
Hialeah Gardens, FL 33018

**********

***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***

Darlene Lauzurique — 3/28/03
Signature/Registered Agent — Date

Darlene Lauzurique — 3/28/03.
Signature/Incorporator — Date