

P03000039004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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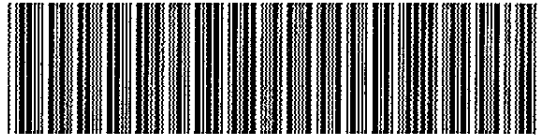
(Business Entity Name)

(Document Number)

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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: 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

Niakah 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)

ARTICLE I NAME

The name of the corporation shall be:

S & L INSURANCE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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 INITIAL 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

Signature/Registered Agent

3/28/03

Date

 Darlene LAUZURIQUE

Signature/Incorporator

3/28/03.

Date

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