

P0300000 79152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

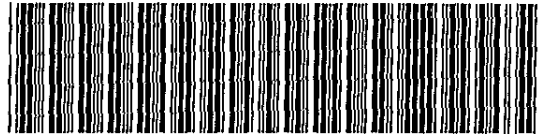
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL 18 AM 8:12

FILED

*[Handwritten signature]*

# Memorandum

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To: Florida Department of State

CC:

From: Adler Insurance Inc.

Date: 7/15/2003

Re: Inactive Corporation

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This is to advise you that we would like Adler Insurance Inc. (Document No.P01000075153) to remain inactive. We are requesting that the corporate name Adler Insurance Inc. be incorporated into a new corporation, and that the name be released from the dissolved corporation. Please see enclosed documents.

Sincerely,

Oslayda Vento  
Registered Agent

## TRANSMITTAL LETTER

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

SUBJECT: Adler Insurance, Inc.

(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: Delayda Vento

Name (Printed or typed)

6175 NW 153 Street Suite 224

Address

Miami, Florida 33014

City, State & Zip

(305) 231-1747

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Adler Insurance Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6175 NW 153 Street Suite 224  
Miami, FL 33014

## 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 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dolayda Vento  
6175 NW 153 Street Suite 224  
Miami, FL 33014

## ARTICLE VI REGISTERED AGENT

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

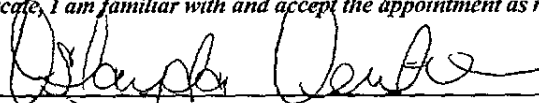
Dolayda Vento  
6175 NW 153 Street Suite 224  
Miami, FL 33014

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dolayda Vento  
6175 NW 153 Street Suite 224  
Miami, FL 33014

\*\*\*\*\*  
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



Signature/Registered Agent

7/15/03  
Date



Signature/Incorporator

7/15/03  
Date