

P03000/4854

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To: Division of Corporations
 Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
 Account Number : 071001002335
 Phone : (305)599-0829
 Fax Number : (305)716-0346

FILED
 03 DEC 10 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
J & C INSURANCE GROUP INC.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 10, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: J & C INSURANCE GROUP INC.
REF: W03000037295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete Article(s) I, III and VI..

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

FAX Aud. #: H03000331756
Letter Number: 503A00066270

ARTICLES OF INCORPORATION

OF

J & C INSURANCE GROUP INC.

03 DEC 10 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: J & C INSURANCE GROUP INC.

The principal place of business of this corporation shall be: 16104 SW 44 LANE
MIAMI, FL 33185

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$ 1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

CARIDAD CHAVEZ (pres) 51%
11420 SW 47 TERR
MIAMI, FL 33165

JUAN G. CHAVEZ (v-pres) 45%
11420 SW 47 TERR
MIAMI, FL 33165

JUAN CHAVEZ Jr. (trea)
16104 SW 44 LANE
MIAMI, FL 33185

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

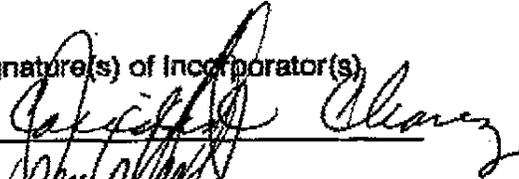
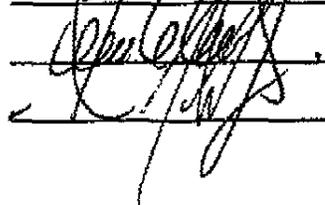
CARIDAD CHAVEZ
11420 SW 47 TERR
MIAMI, FL 33165

JUAN G. CHAVEZ
11420 SW 47 TERR
MIAMI, FL 33165

JUAN CHAVEZ Jr.
16104 SW 44 LANE
MIAMI, FL 33185

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 08 day of DECEMBER, ~~2002~~ 2003

Signature(s) of Incorporator(s)

M 
e 

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING instrument was acknowledged and sworn to before me this _____ day of _____, 19____, by _____ (Name of Incorporator) of _____ (Name of Corporation)

Notary Public

My Commission Expires: _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: J & C INSURANCE GROUP, INC.

2. The name and address of the registered agent and office is:

CARIDAD CHAVEZ 11420 SW 47 TERR
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33165
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

SIGNATURE *Caridad Chavez*
(corporate officer)

TITLE _____

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Caridad Chavez*

DATE _____