

P040000 21 496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

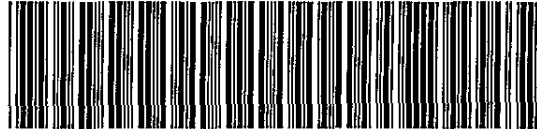
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100026462961

01/14/04--01035--020 **87.50

SECRET
TALLAHASSEE, FLORIDA

04 FEB -2 AM 8:40

FILED

2/3k

TRANSMITTAL LETTER

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

SUBJECT: Alliance Insurance Group II, 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: Alliance Insurance Group II, Inc.
Name (Printed or typed)

2319 So. Goldenrod Rd.
Address

Orlando FL 32822
City, State & Zip

407-243-9700
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 26, 2004

ALLIANCE INSURANCE GROUP II
2319 S GOLDENROD RD
ORLANDO, FL 32822

SUBJECT: ALLIANCE INSURANCE GROUP II
Ref. Number: W04000003036

RECEIVED
04 FEB -2 PM 5:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ALLIANCE INSURANCE GROUP II and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 904A00004341

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:

Alliance Insurance Group II, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*2319 So. Goldenrod Rd.
Orlando FL 32807*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency / Broker

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*David Castillo - President
1727 Tealbriar Ave Oviedo FL 32765*

ARTICLE VI REGISTERED AGENT

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

*David Castillo - Alliance Ins.
515 No. Semoran Blvd.
Orlando FL 32807*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*David Castillo
1727 Tealbriar Ave
Oviedo FL 32765*

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

David Castillo

Signature/Registered Agent

1/10/04

Date

David Castillo

Signature/Incorporator

1/10/04

Date

FILED

04 FEB -2 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA