# P04000140329

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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SECRETARY OF STATE

et 10/11

# TRANSMITTAL LETTER

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

SUBJECT:	SUPER INSURANCE OF EL MANA, INC.			
	(PROPOSED CORPORA	ate name – <u>must incl</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00	<b>\$78.75</b>	\$78.75	\$87.50	
	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy & Certificate o	
		Status ADDITIONAL COPY REQUIRED		
FROM:	OSCAR MATURANA			
	Name (Printed or typed)			
	7855 S.W. 40TH STREET			
	Address			
	MIAMI, FLORIDA 33155			
	City, State & Zip			
	305-761-3109			
	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:

SUPER INSURANCE OF EL MANA, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7855 S.W. 40TH STREET, MIAMI, FLORIDA 33155

### 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

# <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

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

OSCAR MATURANA

**PRESIDENT** 

CARMEN R. GRULLON

VICE PRESIDENT

JOSE V. ARIAS

**SECRETARY** 

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

OSCAR MATURANA 10465 S.W. 56TH STREET, MIAMI, FLORIDA 33165

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARMEN R. GRULLON, 10465 S.W. 56TH STREET, MIAMI, FLORIDA 33165

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

10-7-04 Date

Signature/Registered Agent

Signature/Incorporator