

P05000060999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

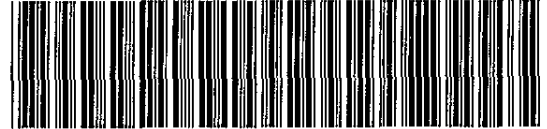
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100050610141

04/25/05--01004--010 \*\*78.75

RECEIVED  
05 APR 25 10 31 11  
FILED  
05 APR 25 PM 2:18  
TOLSON  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

C.S.4-26

EXPRESS CORPORATE FILING SERVICE INC.  
 Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101  
 Address

CORAL GABLES, FL 33134      (305) 444-4994  
 City/State/Zip      Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. JUAN M. SANCHEZ INSURANCE & FINANCIAL AGENCY,  
 (Corporation Name)      (Document #)
2. \_\_\_\_\_  
 (Corporation Name)      (Document #)
3. \_\_\_\_\_  
 (Corporation Name)      (Document #)
4. \_\_\_\_\_  
 (Corporation Name)      (Document #)

- Walk in     
  Pick up time     
  Certified Copy  
 Mail out     
 Will wait     
 Photocopy     
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**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:

JUAN M. SANCHEZ INSURANCE & FINANCIAL AGENCY, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5202 SW 128 PLACE  
MIAMI, FL 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

200 SHARES (TWO HUNDRED SHARES) EACH \$ 1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

JUAN M. SANCHEZ PD  
5202 SW 128 PLACE  
MIAMI, FL 33175

**ARTICLE VI REGISTERED AGENT**

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

JUAN M. SANCHEZ  
5202 SW 128 PLACE  
MIAMI, FL 33175

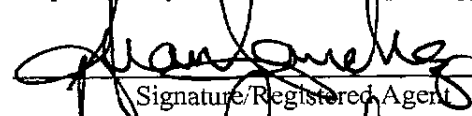
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

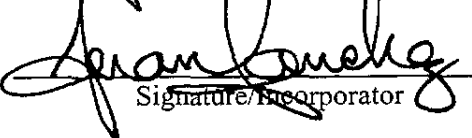
JUAN M. SANCHEZ  
5202 SW 128 PLACE  
MIAMI, FL 33175

\*\*\*\*\*

*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

04/22/05  
Date

  
Signature/Incorporator

04/28/05  
Date

FILED  
05 APR 25 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA