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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

	PROPOSED CORPORAT	IE NAME – <u>MUST INCL</u>	ODE SUFFIX)	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	SHELLEY TRU	Printed or typed)		o 3
	P.O. Box 298		<u></u>	75 JU
	_	ddress		OS JUN 13 FH 3: 29
	City,	State & Zip	······································	- 4
	(40-7) 924-	1982 Elephone number		28

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
TRUTINANCIAL INSURANCE, INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
8951 BUENA PLACE #72010	
WINDFRMERE, FL. 341784	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: INSURANCE SERVICES	
"INSTIKANTE DE KAIGE"	
ARTICLE IV SHARES	
The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	Teump-
SHELLEY MITRUMP - PRESIDENT /CEU TREASURER	-
List name(s), address(es) and specific title(s): THELLEY M. TRUMP - PRESIDENT /CEO TREASURER (90./.) GOINA, FL 34734	
GOTHA, FL 34734	
ARTICLE VI REGISTERED AGENT	w.e
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	OS JUH 13 PH 3: 2
SHELLEY M. TRUMP	三
3951 BLIENA PLACE #72020	3 Par.
WINDERMERE, FL 34734	34
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	:28
SHELLEY M TRUMP PO. Box 298 GOTTH, FL 34734	20 33 -
GOTTH FL 34734	
******************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	esignated in this
lalialos	_
Signature/Registered Agent Date	//
10/10/05	•

Date

Signature/Incorporator