

PD5000106290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

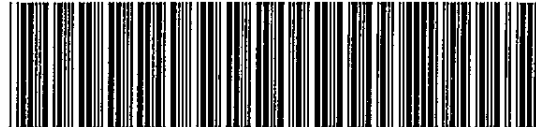
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900057002099

07/14/05--01011--020 **78.75

FILED
05 AUG - 1 PM 12:27
TALLAHASSEE, FLORIDA

8/1/05
BWK
W05-33825

TRANSMITTAL LETTER

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

SUBJECT: INSURANCE DEPOT U.S.A. CORPORATION
(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: VICTOR WILLIAMS AVERBUT
Name (Printed or typed)

2109 NOVA VILLAGE DR
Address

DAVIE- FL- 33317
City, State & Zip

(954) 797-9050
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

05 JUL 20 AM 8:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 14, 2005

VICTOR WILLIAMS AVERBUJ
2109 NOVA VILLAGE DR.
DAVIE, FL 33317

SUBJECT: INSURANCE DEPOT U.S.A. CORPORATION
Ref. Number: W05000033825

We have received your document for INSURANCE DEPOT U.S.A. CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 205A00046563



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 21, 2005

VICTOR WILLIAMS AVERBUJ
2109 NOVA VILLAGE DR.
DAVIE, FL 33317

SUBJECT: THE INSURANCE DEPOT U.S.A. CORPORATION
Ref. Number: W05000033825

We have received your document for THE INSURANCE DEPOT U.S.A. CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please call me so we can find you a corporate name.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 205A00046563

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:

INSURANCE DEPOT OF SOUTH FLORIDA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2109 NOVA VILLAGE DR.

DAVIE- FL- 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK - AND WITH ANNUAL STOCK SPLIT HAVE
AN VALUE OF \$5 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VICTOR WILLIAMS AVERBU

ARTICLE VI REGISTERED AGENT

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

VICTOR WILLIAMS AVERBU

2109 NOVA VILLAGE DR

DAVIE- FL- 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VICTOR WILLIAMS AVERBU


2109 NOVA VILLAGE DR

DAVIE- FL- 33317

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

07/11/05
Date


Signature/Incorporator

07/11/05
Date