

P05000123902

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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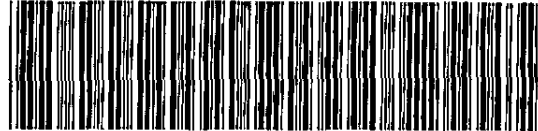
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28.9-12

TRANSMITTAL LETTER

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

SUBJECT: P and L Insurance Agency, 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: Patricia Gutierrez
Name (Printed or typed)

5254 Forzley St
Address

Orlando FL 32812
City, State & Zip

407-823-7142
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 26, 2005

PATRICIA GUTIERREZ
5254 FORZLEY ST.
ORLANDO, FL 32812

SUBJECT: P AND L INSURANCE AGENCY, INC
Ref. Number: W05000040485

We have received your document for P AND L INSURANCE AGENCY, INC 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 must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 005A00054242

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

Pand L Insurance agency, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5730 S. Semoran Blvd.
Orlando, FL 32822

mailling address:

5254 Forzley St.
Orlando, FL 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale insurance policies.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Patricia Gutierrez (Agent)
5254 Forzley St
Orlando, FL 32812

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Patricia Gutierrez
5254 Forzley St.
Orlando, FL 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Gutierrez
5254 Forzley St
Orlando, FL 32812

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

Patricia Gutierrez
Signature/Registered Agent

8/24/05
Date

Patricia Gutierrez
Signature/Incorporator

8/24/05
Date