# 0500013265

(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

D. WHUTE SEP 28 2005.



800058279128

09/22/05--01015--010 \*\*78.75

LAZARUS CORPORATE FILING SERV	VICE	
3320 SW 87 <sup>TH</sup> AVENUE		
MIAMI, FL 33165 (305) 552-59	)73	
•	Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
CENTURION INSUR	ANCE, INC.	
(Corporation Name)	(Document #)	
2.		
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
(corporation ratio)	(Document 11)	
(Corporation Name)	(Document #)	
4 2 4		
Walk in Pick up time		
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
☐ Fictitious Name	Limited Partnership Reinstatement	
•	Trademark	
	Other	

Examiner's Initials



September 23, 2005

**LAZARUS** 

SUBJECT: CENTURION INSURANCE, INC.

Ref. Number: W05000044097

We have received your document for CENTURION INSURANCE, 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):

The document must state the number of shares of authorized stock.

The TOTAL number of shares must be listed in the Articles of Incorporation, not the distribution of shares.

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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 405A00058EF 27 AM IO:

## FILED

2005 SEP 27 P 3: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation:

#### ARTICLE I- NAME -

The name of the corporation shall be:

--- CENTURION INSURANCE, INC.

#### ARTICLE II - PRINCIPAL OFFICE -

The principal place of business and mailing of this corporation shall be :

--- 6473 SW 8 STREET MIAMI. FLORIDA. 33144

#### ARTICLES III - SHARES -

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

--- 100 Shares common Stocks.

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name an address of the initial registered agent is:

--- NIULDYS CABRERA 5975 SW 137 AVE # 601 MIAMI. FLORIDA. 33183

## FILED

#### ARTICLE V - INCORPORATOR -

2005 SEP 27 ₱ 3: 20

The name and street address of the incorporator to these Articles of Incorporation is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

--- NIULDYS CABRERA 5975 SW 137 AVE #601 MIAMI. FLORIDA, 33183

The undersigned incorporator, has executed these Articles of Incorporation this 22 day of September, 2005

Signature

#### ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

- ---NIUDLYS CABRERA, 5975 SW 137 AVE #601, MIAMI, FL 33144. President, and Director 50 shares.
- ---OSVALDO NEGRIN, 3272 SW 142 CT, MIAMI, FL. 33175. Vice President and Director 50 shares
- ---CECILIA M. HERNANDEZ, 3272 SW 142 PL, MIAMI FL. 33175. Secretary and Director.

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act In this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature