P05000140866

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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05 OCT 17 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/18/05
BMK

WD5- 46168

# COVER LETTER

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

**SUBJECT:** INSURANCE PLUS CENTRAL 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: LILIANA MONTOYA
Name (Printed or typed)

2497 N.W. 79 STREET
Address

MIAMI, FLORIDA 33147
City, State & Zip

(305) 694-0606
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 6, 2005

LILIANA MONTOYA
643 SW 7TH CT.
MIAMI, FL 33130

SUBJECT: INSURANCE PLUS CORPORATION
Ref. Number: W05000046168

We have received your document for INSURANCE PLUS 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):

An effective date **may** be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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: 805A00060799

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
05 OCT 17 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

***ARTICLE I NAME***

The name of the corporation shall be:

INSURANCE PLUS CENTAL INC.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

24-97 N.W. 79 STREET , MIAMI , FLORIDA 33147

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is:

INSURANCE AGENCY

***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):

LILIANA MONTOYA -PRESIDENT

***ARTICLE VI REGISTERED AGENT***

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

LILIANA MONTOYA
2497 N.W. 79 STREET
MIAMI, FL 33147

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

LILIANA MONTOYA
2497 N.W. 79 STREET
MIAMI, FLORIDA 33147

**********

*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*

Liliana Montoya — Signature/Registered Agent — 9-27-05 — Date

Liliana Montoya — Signature/Incorporator — 9-27-05 — Date