

P06000001451

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000002107 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
06 JAN -4 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

lakitsia gaines insurance agency, inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

115
SOL

④

HD6000002107

ARTICLES OF INCORPORATION
OF
LAKITSIA GAINES INSURANCE AGENCY, INC.

ARTICLE I

NAME

The name of this corporation shall be LAKITSIA GAINES INSURANCE AGENCY, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business/mailling address is:

6295 Sunset Drive
South Miami, FL 33143

ARTICLE III

PURPOSE

The nature of the business and the objects and purposes to be transacted and carried on are to engage in any and every activity or business as lawfully permitted under the laws of the State of Florida and the laws of the United States of America

ARTICLE IV

SHARES

The capital stock authorized, the par value thereof, and the class of such stock shall be as follows:

<u>NUMBER OF SHARES</u> <u>AUTHORIZED</u>	<u>PAR VALUE</u> <u>PER SHARE</u>	<u>CLASS OF</u> <u>STOCK</u>
1,000	No par	Common

HD6000002107

FILED
06 JAN -4 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

INITIAL OFFICERS/DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The names and addresses of the directors of this corporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
Lakitsia Gaines	19264 SW 60 th CT South West Ranches, FL 33332	President

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT, AND PRINCIPAL ADDRESS

The principal address and the street address of the initial registered office of this corporation and the name of the initial registered agent of this corporation at such address are as follows:

<u>REGISTERED AGENT NAME</u>	<u>PRINCIPAL ADDRESS/ STREET ADDRESS OF REGISTERED OFFICE</u>
Lakitsia Gaines	6295 Sunset Drive South Miami, FL 33143

ARTICLE VII

INCORPORATOR

The name and address of the person signing these articles is:

<u>NAME</u>	<u>ADDRESS</u>
Lakitsia Gaines	6295 Sunset Drive South Miami, FL 33143

CERTIFICATE OF DESIGNATING REGISTERED AGENT

H06000002107

Pursuant to Chapter 607, Florida Statutes, the Following is submitted in compliance with said Act:

That desiring to organize under the laws of the State of Florida with its initial registered office, as indicated in Article VI of the Certificate of Incorporation, at the City of Miami, County of Miami-Dade, State of Florida, has named Lakitsia Gaines, located at 19264 SW 60th CT, South West Ranches, FL 33332, County of Broward, State of Florida, as its agent to accept service of process within the State.

ACKNOWLEDGMENT

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.

By: Lakitsia Gaines
Signature as Incorporator and Registered Agent

1/4/06
Date

FILED
06 JAN -4 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H06000002107