

PD 6000036037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

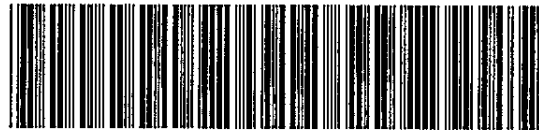
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/13

COVER LETTER

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

SUBJECT: D & M Insurance, Corp.

(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: Isabel Perez-Medina

Name (Printed or typed)

1830 SW 92 Ave.

Address

Miami, FL 33165

City, State & Zip

(305) 559-6281

Daytime Telephone number

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

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:

D & M Insurance, Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1830 SW 92 Ave.

Miami, FL. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal purpose

ARTICLE IV SHARES

The number of shares of stock is:

100 shares at "no par value"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis Perez-Medina (President)

1830 SW 92 Ave.

Miami, FL. 33165

Isabel Perez-Medina

1830 SW 92 Ave.

Miami, FL. 33165

ARTICLE VI REGISTERED AGENT

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

Luis Perez-Medina

1830 SW 92 Ave.

Miami, FL. 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isabel Perez-Medina

1830 SW 92 Ave.

Miami, FL. 33165

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

Luis Perez-Medina

Signature/Incorporator

Isabel Perez-Medina

FILED

06 MAR 10 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/07/2006

Date

03/07/2006

Date