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(Address)

(Address)

(City/State/Zip/Phone #)

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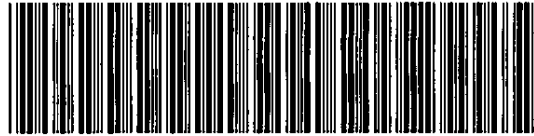
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Tony Lopez 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: The Law Office of Aaron Zmarzinski, P.A.
Name (Printed or typed)

16877 E. Colonial Dr., #409
Address

Orlando FL 32820
City, State & Zip

(407) 568-9136
Daytime Telephone number

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

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TALLAHASSEE FLORIDA

Articles of Incorporation
of
Tony Lopez Insurance Agency, Inc.

Article I - Name

The name of this Corporation is Tony Lopez Insurance Agency, Inc.

Article II - Principle Place of Business

The street address of the principle place of business of this Corporation is as follows:

Tony Lopez Insurance Agency, Inc.
13019 S. Orange Blossom Trail
Orlando, FL 32837

The mailing address of the principle place of business of this Corporation is as follows:

Tony Lopez Insurance Agency, Inc.
13019 S. Orange Blossom Trail
Orlando, FL 32837

Article III - Purpose

The purpose of this Corporation is to transact any and all lawful business which the Corporation is authorized to under Florida Law.

Article IV - Authorized Shares

The number of shares of stock that this Corporation is authorized to have is 1,000.

Article V - Directors

The name and address of the initial Directors of this Corporation are as follows:

Anthony Lopez
13019 S. Orange Blossom Trail
Orlando, FL 32837

Article VI - Officers

The name, address, and title of the initial Officers of this Corporation are as follows:

Anthony Lopez
President
Tony Lopez Insurance Agency, Inc.
13019 S. Orange Blossom Trail
Orlando, FL 32837

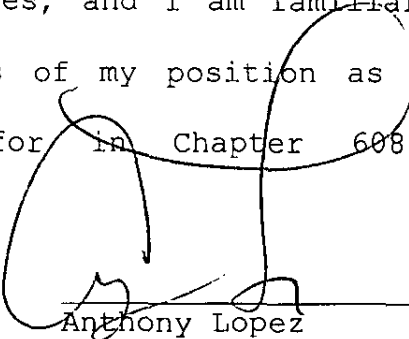
Article VII - Registered Agent

The name and street address of the Registered Agent of this Corporation is as follows:

Anthony Lopez
13019 S. Orange Blossom Trail
Orlando, FL 32837

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the 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 relating to the proper and complete

performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608, Florida Statutes.


Anthony Lopez
Registered Agent
Tony Lopez Insurance Agency, Inc.

Article VIII - Incorporator

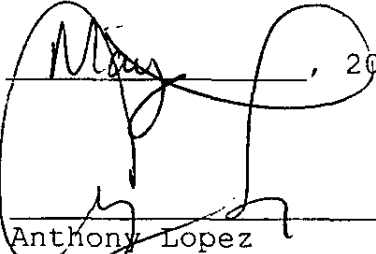
The name and address of the Incorporator of this Corporation is as follows:

Anthony Lopez
13019 S. Orange Blossom Trail
Orlando, FL 32837

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TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, I, the undersigned, being the Incorporator of this Corporation, do file these Articles of Incorporation for the purposes expressed, hereby declaring and certifying that the facts herein are true, and hereunder set my hand and seal.

Executed this 14th day of May, 2006.


Anthony Lopez
Incorporator
Tony Lopez Insurance Agency, Inc.