

P06000078551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

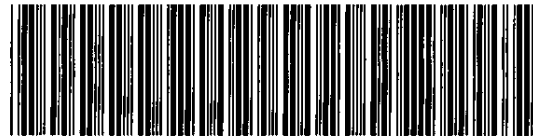
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06 JUN -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-1000

pa

COVER LETTER

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

SUBJECT: All Florida Title Group, 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: Margaret B Rodriguez

Name (Printed or typed)

7850 SW 19 Street

Address

Miami, Florida 33155

City, State & Zip

(786) 234-0668

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:

All Florida Title Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7850 SW 19 Street
Miami, Florida 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Title Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Margaret B Rodriguez - President

ARTICLE VI REGISTERED AGENT

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

Margaret B Rodriguez
7850 SW 19 Street
Miami, Florida 33155

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Margaret B Rodriguez
7850 SW 19 Street
Miami, Florida 33155

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



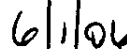
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
06 JUN -6 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA