

PO6000089141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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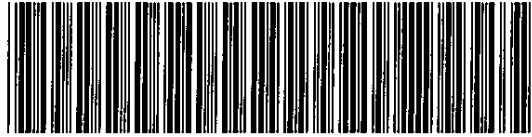
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900076408179

06/29/06--01008--010 **78.75

FILED
06 JUL -5 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: Guardian Insurance Agents 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: Arlene Otero

Name (Printed or typed)

1426 Mona Drive

Address

Kissimmee, FL 34744

City, State & Zip

407-922-2691

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2006

ARLENE OTERO
1426 MONA DRIVE
KISSIMMEE, FL 34744

SUBJECT: GUARDIAN INSURANCE AGENTS CORP.
Ref. Number: W06000028682

We have received your document for GUARDIAN INSURANCE AGENTS CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return 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 850-245-6062.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 306A00042071

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:

Guardian Insurance Agents Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2305 Boggy Creek Rd Kissimmee, FL34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transacting Insurance

ARTICLE IV SHARES

The number of shares of stock is:

0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Arlene Otero 1426 Mona Drive Kissimmee, FL 34744 : Owner

ARTICLE VI REGISTERED AGENT

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

Arlene Otero 1426 Mona Drive Kissimmee, FL 34744 : Owner

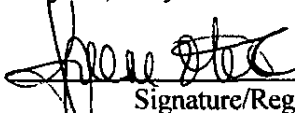
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arlene Otero 1426 Mona Drive Kissimmee, FL 34744 : Owner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

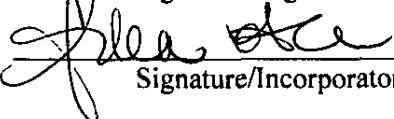
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/20/06

Date



Signature/Incorporator

6/20/06

Date