

P07000034696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

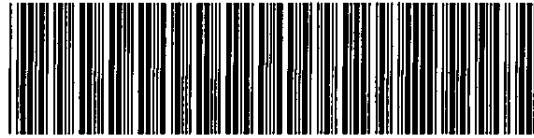
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800090056148

03/07/07--01013--016 **78.75

FILED
07 MAR 18 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

COVER LETTER

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

SUBJECT: Chaplan and Castro II 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: YADIRA CASTRO
Name (Printed or typed)

9358 SW 40 STREET
Address

MIAMI, FL 33165
City, State & Zip

(305) 226-1115
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2007

YADIRA CASTRO
9358 SW 40 STREET
MIAMI, FL 33165

SUBJECT: CHAPLAN AND CASTRO II INSURANCE AGENCY INC.
Ref. Number: W07000011902

We have received your document for CHAPLAN AND CASTRO II INSURANCE AGENCY INC. 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 507A00016988

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:

Chaplan And Castro II Insurance Agency Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9358 SW 40 STREET MIAMI

FILED
MAR 18 2007
4:16 PM
SECRETARY OF STATE
TREASURER
FLORIDA

33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell All forms of Insurance
(Auto, homeowners, liability)

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Manuel Francisco Castro (President)
YADIRA Castro (Vice-President)

ARTICLE VI REGISTERED AGENT

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

9961 SW 66 STREET
MIAMI, FL. 33173


YADIRA Castro

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel F. Castro
9961 SW 66 STREET MIAMI, FL. 33173

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

03/02/07

Date



Signature/Incorporator

03/02/07

Date