

P070000 74314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

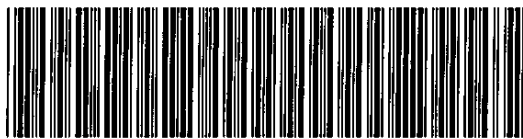
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/07--01086--004 **87.50

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2007 JUN 27 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

79882-2904
79882-2011

COVER LETTER

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

SUBJECT: 100% INSURANCE OF FLORIDA
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: 100% INSURANCE OF FLORIDA
Name (Printed or typed)

3064 SW 156 PL
Address

MIAMI-FL 33185
City, State & Zip

786-877-9428
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2007

100% INSURANCE OF FLORIDA
3064 SW 156 PL
MIAMI, FL 33185

SUBJECT: 100% INSURANCE OF FLORIDA
Ref. Number: W07000029064

RECEIVED
07 JUN 27 PM 12:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for 100% INSURANCE OF FLORIDA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 607A00040669

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:

100% INSURANCE OF FLORIDA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3064 SW 156 PL - MIAMI - FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE..

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):

ABIMAEL ABAD CASTILLO / PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ABIMAEL ABAD CASTILLO
3064 SW 156 PL - MIAMI - FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ABIMAEL ABAD CASTILLO
3064 SW 156 PL - MIAMI - FL 33185

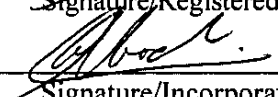
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-14-07

Date



Signature/Incorporator

6-14-07

Date

2007 JUN 27 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED