

P07000090365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

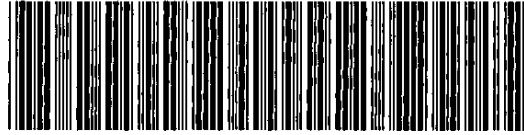
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 AUG 10 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 13 2007

COVER LETTER

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

SUBJECT: My-Familia 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:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: MARY L MURRAY
Name (Printed or typed)

565 E 44th Street
Address

HIWALEAN FL 33013
City, State & Zip

954-873-4985
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

My familia Insurance Agency Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

565 E 44th STREET
HIALEAH FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell Insurance other than Life or Health

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):

MARY L MURRAY 565 E 44th STREET HIALEAH FL 33013 President
REINALDO N DELGADO 565 E 44th STREET HIALEAH FL 33013 Vice president

ARTICLE VI REGISTERED AGENT

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

MARY L MURRAY
565 E 44th STREET
HIALEAH FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

REINALDO N DELGADO
565 E 44th STREET
HIALEAH, FL 33013

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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

Mary L. Murray
Signature/Registered Agent
Reinaldo Delgado
Signature/Incorporator

8/7/07
Date
8-17-07
Date

PLEASE MAKE EFFECTIVE AUGUST 15th 2007