

P07000124680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

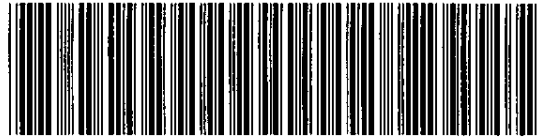
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 NOV 16 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

11/19/

COVER LETTER

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

SUBJECT: DL HEALTH & LIFE INSURANCE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DAMIAN P LOPEZ

Name (Printed or typed)

7741 NW 7 ST SUITE 608

Address

MIAMI FL 33126

City, State & Zip

786-5876393

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:

DL HEALTH & LIFE INSURANCE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7741 NW 7 ST SUITE 608
MIAMI FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SERVICE

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):

DAMIAN P LOPEZ - PRESIDENT
7741 NW 7 ST SUITE 608
MIAMI FL 33126

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

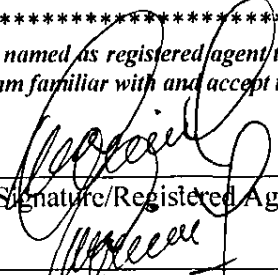
DAMIAN P LOPEZ
7741 NW 7 ST SUITE 608
MIAMI FL 33126

ARTICLE VII INCORPORATOR

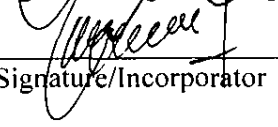
The name and address of the Incorporator is:

DAMIAN P LOPEZ
7741 NW 7 ST SUITE 608
MIAMI FL 33126

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

11/14/2007

Date

11/14/2007

Date

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TALLAHASSEE, FLORIDA