

P08000022047

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(Requestor's Name)

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\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2008 FEB 29 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/18/08--01029--012 \*\*87.50

2-29-08  
W08-8704  
Q.H.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2008

MARIA A. STAGNITTA  
3109 GREYNOLDS AVENUE  
SPRING HILL, FL 34608

SUBJECT: STEADFAST INSURANCE INC  
Ref. Number: W08000008704

We have received your document for STEADFAST INSURANCE INC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected 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) 245-6993.

Annie Hall  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00010468

RECEIVED  
08 FEB 29 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

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2008 FEB 29 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SUBJECT:** Loyal 2 U 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:** Maria A. Stagnitta

Name (Printed or typed)

3109 Greynolds Avenue

Address

Spring Hill, FL 34608-4226

City, State & Zip

352 686 8542

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:

**Loyal 2 U Insurance Agency, Inc**

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3109 Greynolds Avenue  
Spring Hill, FL 34608-4226

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Operate insurance agency

### **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):

Maria A. Stagnitta, Director  
3109 Greynolds Avenue  
Spring Hill, FL 34608-4226

Rogelio A. Tiglao, Director  
3109 Greynolds Avenue  
Spring Hill, FL 34608-4226

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2000 FEB 29 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Maria A. Stagnitta  
3109 Greynolds Avenue  
Spring Hill, FL 34608-4226

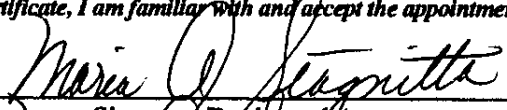
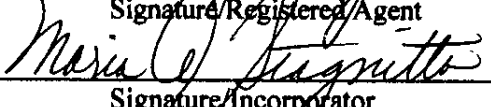
**ARTICLE VII INCORPORATOR**

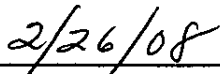
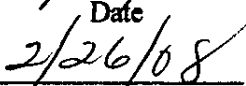
The name and address of the Incorporator is:

Maria A. Stagnitta  
3109 Greynolds Avenue  
Spring Hill, FL 34608-4226

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

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