

P08000039213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

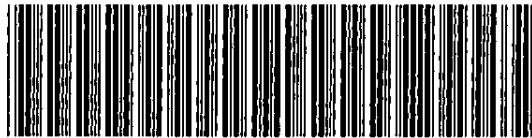
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000122446040

04/09/08--01019--002 ++78.75

APPROVED
AND
FILED

08 APR 17 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08-18258

COVER LETTER

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

SUBJECT: J & G Insurance Associates Incorporated

(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: Janice Perera/ Gabriela Polanco
Name (Printed or typed)

518 NW 57 AVE
Address

Miami, FL 33126
City, State & Zip

305-332-7918/786-709-3340
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2008

JANICE PERERA
518 NW 57 AVE
MIAMI, FL 33126

SUBJECT: J & G INSURANCE ASSOCIATES INCORPORATED
Ref. Number: W08000018258

We have received your document for J & G INSURANCE ASSOCIATES INCORPORATED 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 contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 308A00020991

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:

J & G Insurance Associates Incorporated

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

518 NW 57 AVE
MIAMI, FL. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide insurance for individuals (property & casualty)

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gabriela A. Polanco 18966 NW 57 AVE APT 305 HIALEAH, FL 33015 (President)
Janice Perera 560 NW 58 CT MIAMI, FL 33126 (Vice-President)

ARTICLE VI REGISTERED AGENT

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

Janice Perera 560 NW 58 CT Miami, FL 33126 (Registered Agent)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gabriela A. Polanco 18966 NW 57 AVE APT 305 HIALEAH, FL 33015
Janice Perera 560 NW 58 CT 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

Date

Date

08 APR 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED