

COVER LETTER

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

SUBJECT: ~~Insurance Direct Inc.~~ Insurance Direct Group 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 ☒ \$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: Jacqueline Orozco
Name (Printed or typed)

7811 W 36 AVE, #204
Address

HIALEAH, FL. 33018
City, State & Zip

305-968-4760
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA INSURANCE

March 13, 2008

JACQUELINE OROZCO
7811 W 36 AVE., #204
HIALEAH, FL 33018

SUBJECT: INSURANCE DIRECT INC.
Ref. Number: W08000013425

"CORRECTIONS HAVE BEEN MADE"

We have received your document for INSURANCE DIRECT INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 508A00015488

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:

~~Insurance Direct Inc.~~ Insurance Direct Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
7811 W 36 AVE #204, HIALEAH, FL. 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFESSIONAL CORPORATION

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):

Jacqueline Orozco
7811 w 36 ave #204
Hialeah, FL.33018
President

Erik Gonzalez
7811 w 36 ave #204
Hialeah, FL.33018
Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE VI REGISTERED AGENT

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

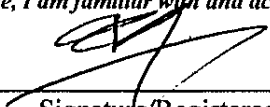
ERIK GONZALEZ
7811 W 36 AVE #204
HIALEAH, FL. 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERIK GONZALEZ
7811 W 36 AVE #204
HIALEAH, FL. 33018

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

03-10-08
Date



Signature/Incorporator

03-10-08
Date

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