

P08000059104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

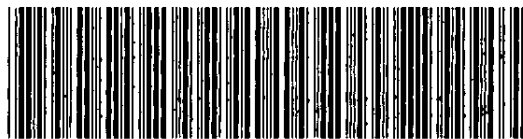
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2008 JUN 17 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 18 2008

## COVER LETTER

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

**SUBJECT:** Seguros Para Usted, 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:** Seguros Para Usted, Inc.

Name (Printed or typed)

8999 Alexandra Circle

Address

Wellington, FL 33414

City, State & Zip

561-793-8188

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Seguros Para Usted, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

8999 Alexandra Circle  
Wellington, FL 33414

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance sales

### **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):

Silvia C. Garcia, 8999 Alexandra Circle, Wellington, FL 33414 - President  
Sandra C. Garcia, % 8999 Alexandra Circle, Wellington, FL 33414 - Vice President

### **ARTICLE VI REGISTERED AGENT**

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

Silvia C. Garcia, 8999 Alexandra Circle, Wellington, FL 33414

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Seguros Para Usted, Inc., 8999 Alexandra Circle, Wellington, FL 33414

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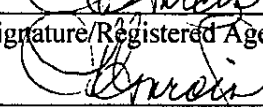
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

June 12, 2008

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

June 12, 2008

\_\_\_\_\_  
Date