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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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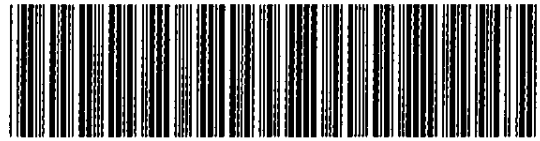
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Seguros Para Usted Internacional, 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: Silvia C. Garcia

Name (Printed or typed)

8999 Alexandra Circle

Address

Wellington, FL 33414

City, State & Zip

561-792-6471

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:

Seguros Para Usted Internacional, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing: 8999 Alexandra Circle, Wellington, FL 33414

Physical: 3927 Jog Road, Greenacres, FL 33467-1511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

insurance and investments

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:

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

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

11/03/08

Date

Signature/Incorporator

11/03/08

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA