

P09000020098

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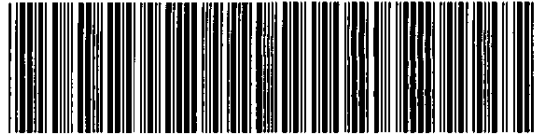
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2009 MAR -3 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
09 MAR -3 AM 11:16

February 24, 2009

SHARON DEL VALLE
7950 NW 155 STREET
SUITE 205
MIAMI LAKES, FL 33016

SUBJECT: DEL VALLE INSURANCE AGENCY, INC.
Ref. Number: W09000008843

We have received your document for DEL VALLE INSURANCE AGENCY, 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 709A00006493

COVER LETTER

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

SUBJECT: del Valle 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: Sharon del Valle

Name (Printed or typed)

7950 NW 155 Street, Suite 205

Address

Miami Lakes, FL 33016

City, State & Zip

305-822-1266 x-1

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:

del Valle Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sharon del Valle, President 7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

ARTICLE VI REGISTERED AGENT

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

Sharon del Valle 7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon del Valle 7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

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

Sharon del Valle

Signature/Registered Agent

2/27/2009

Date

Sharon del Valle

Signature/Incorporator

2/27/2009

Date

2009 MAR -3 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED