# P09000038345

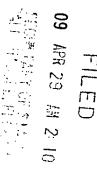
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200153413222

04/29/09--01031--015 \*\*87.50





# **COVER LETTER**

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

SUBJECT: Elite Co	mmercial Insurance Underwritters	Corp.	
	(PROPOSED CORPORA		UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	□ \$78,75	<b>✓</b> \$87.50
Filing Fee	Filing Fee		Filing Fee,
rning ree	& Certificate of Status	Filing Fee	•
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
		ADDITIONAL CO	PY KEQUIKED
FROM: Ka	ssandra Caridad Pasqual	Printed or typed)	
	Name (	Printed or typed)	
	8555 S.W. 124 Street		
		Address	
	Miami, FL 33156		
		State & Zip	
	(305) 767-6545		
		elephone number	<del> </del>

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:

Elite Commercial Insurance Underwritters Corp.

### PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is: 8555 S.W. 124 Street, Miami, FL 33156

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Agency

## ARTICLE IV SHARES

The number of shares of stock is:

Penny par value. 100 SHales at

# INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s): Kassandra Caridad Pasqual, Officer, 8555 S.W. 124 Street, Miamí, FL 33156

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Kassandra Caridad Pasqual, 8555 S.W. 124 Street, Miami, FL 33156

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
assandra Caridad Pasqual, 8555 S.W. 124 Street, Miami, FL 33	3156
**************************************	**************
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 will and accept the appointment as registered	l agent and agree to act in this capacity
	APRIL 97 2009
Signature/Registered Agent	Date
Signatule/Registered Agent	1 127 0500
	there is the
Signature/Incorporator	Date