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DIVISION OF CORPORATIONS
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T. HAMPTON

JUN 10 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zárate Insurance Group Inc.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

EDWARD ZARATE

Contact Person

Zarate Insurance LLC

Firm/Company

28465 SW 158 CT

Address

HOMESTEAD, FLORIDA 33033

City, State and Zip Code

cp97j@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD ZARATE

Name of Contact Person

at (786)

512-0551

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Zarate Insurance LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/25/2007
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Zarate Insurance Group Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 22 day of May, 2009.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Edward Zarate

Printed Name: Edward Zarate Title: CEO

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Edward Zarate
Printed Name: Edward Zarate Title: MGR

Signature: Blanca I. Zarate
Printed Name: Blanca I. Zarate Title: MGR

Signature: Jessica Zarate
Printed Name: Jessica Zarate Title: MGRM

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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:

Zarate Insurance Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

28465 SW 158 CT HOMESTEAD FLORIDA 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Business acting to the capacity of an Insurance Agent, Broker for the sale of All Health Insurance, Dental, Vision, Life & Variable Annuities for Individuals and Businesses.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edward Zarate 28465 SW 158 CT Homestead Florida. 33033 (CEO)
Blanca I Zarate 28465 SW 158 CT Homestead Florida. 33033 (P)
Jessica Nunez 28465 SW 158 CT Homestead Florida. 33033 (VP)
Ronaldo Y Nunez 28465 SW 158 CT Homestead Florida. 33033 (S)

ARTICLE VI REGISTERED AGENT

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

Blanca I Zarate 28465 SW 158 CT Homestead Florida. 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edward Zarate 28465 SW 158 CT Homestead Florida. 33033

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

Blanca I Zarate
Signature/Registered Agent
Edward Zarate
Signature/Incorporator

5/22/09
Date
5/22/09
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 9 PM 4: 15