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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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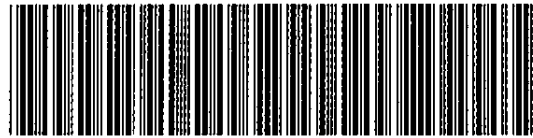
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/09--01031--005 **78.75

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09 OCT -2 PM 1:01
CLERK OF COURT
JULIA A. LORRA

Nd

10-5-09

COVER LETTER

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

SUBJECT: MSA INSURANCE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MONICA P ESCOBAR
Name (Printed or typed)

7996 NW 199 TERRACE

Address

HIALEAH, FLORIDA 33015

City, State & Zip

305-829-0898

Daytime Telephone number

mpe521@gmail.com

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

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: **MSA INSURANCE INC.**

ARTICLE II PRINCIPAL OFFICE

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

7996 NW 199TH TERRACE
HIALEAH, FLORIDA 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

START A NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MONICA P ESCOBAR 7996 NW 199TH TERR HIALEAH, FL 33015
PRESIDENT.

ARTICLE VI REGISTERED AGENT

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

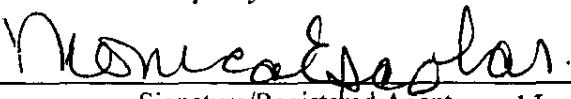
MONICA P ESCOBAR 7996 NW 199TH TERR HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MONICA P ESCOBAR 7996 NW 199TH TERR HIALEAH, FL 33015

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 and Incorporator

09/24/09

Date

09/24/09

Date

Signature/Incorporator

FILED
09 OCT -2 PM 1:01
HIALEAH, FLORIDA