

P10000025328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

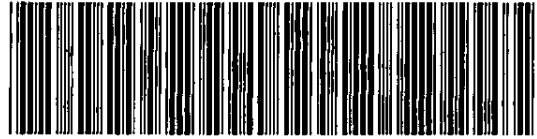
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR 22 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-23-10

CR

COVER LETTER

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

SUBJECT: Killian Insurance Group, 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: Manuel Vazquez
Name (Printed or typed)

15640 SW 72 Street
Address

Miami, FL 33193
City, State & Zip

786-201-3420
Daytime Telephone number

KillianInsurance@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:

Killian Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15640 SW 72 Street Miami. FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance sales and any lawful activity within the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Manuel Vazquez,
15640 SW 72 Street
Miami, FL 33193
President and Secretary

ARTICLE VI REGISTERED AGENT

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

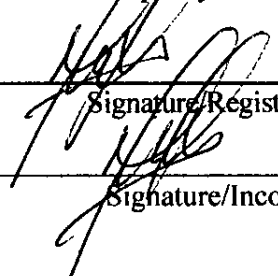
Manuel Vazquez, 15640 SW 72 Street Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel Vazquez, 15640 SW 72 Street Miami, FL 33193

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

Signature/Incorporator

3/19/2010

Date

3/19/2010

Date

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10 MAR 22 PM 12:45
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TALLAHASSEE, FLORIDA