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## COVER LETTER

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

**SUBJECT:** DIMURO 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      ☒ \$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:** JOHN A. DIMURO

Name (Printed or typed)

17995 30TH LN N

Address

LOXAHATCHEE, FL 33470

City, State & Zip

954-650-3091

Daytime Telephone number

JADIMURO@YAHOO.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:

DIMURO INSURANCE GROUP, INC.

## **ARTICLE II PRINCIPAL OFFICE**

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

17995 30TH LN N

LOXAHATCHEE, FL 33470

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

JOHN A. 17995 30TH LN PRESIDENT  
DIMURO N LOXHATCHEE  
FL 33470

## **ARTICLE VI REGISTERED AGENT**

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

JOHN A DIMURO

17995 30TH LN N

LOXAHATCHEE, FL 33470

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOHN A. DIMURO

17995 30TH LN N

LOXAHATCHEE, FL 33470

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*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

5/14/10

Date

5/14/10

Date

FILED  
10 MAY 17 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA