

JUL 15 2010 SUN 01:32 PM

P. 001

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000162536 3)))



H100001625363ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LORENZ-TALLEYRAND, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 JUL 15 AM 10:05

FILED

RECEIVED

10 JUL 15 PM 3:56

DIVISION OF CORPORATIONS

## 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:

LORENZ-TALLEYRAND, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4909 SW 74 CT.  
MIAMI, FL 33155

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMMERCIAL INSURANCE

### ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FABIAN LORENZ (P/D)  
4909 SW 74 CT.  
MIAMI, FL 33155

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

FABIAN LORENZ  
4909 SW 74 CT.  
MIAMI, FL 33155

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FABIAN LORENZ  
4909 SW 74 CT.  
MIAMI, FL 33155

\*\*\*\*\*

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

7/15/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/15/10  
\_\_\_\_\_  
Date

FILED  
10 JUL 15 AM 10:06  
TALLAHASSEE, FLORIDA