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.

(((H10000205706 3)))



H100002057063ABCV

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 : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

MECETVED SEP 1 6 2010

\*\*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 COQUI INSURANCE AGENCY CORP.

Certificate of Status	D	
Certified Copy	D	
Page Count	02	
Estimated Charge	\$70.00	

Electronic Filing Menu

Corporate Filing Menu

Help | 17/10

10 SEP 16 新川: 1

H100002057063

# **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:

COQUI INSURANCE AGENCY CORP.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6087 LAKE MELROSE DR ORLANDO, FLORIDA 32829

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

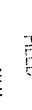
1,500 COMMON SHARES PAR VALUE \$0.01

# ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT GLADYS GARCIA 6087 LAKE MELROSE DR ORLANDO, FLORIDA 32829

VICE-PRESIDENT LUIS F MONTANEZ 6087 LAKE MELROSE DR ORLANDO, FLORIDA 32829 SECRETARY OF SEASON AND SECRETARY OF SEASON



H100002057063

PAGE 2 COQUI INSURANCE AGENCY CORP.

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:

**GLADYS GARCIA** 6087 LAKE MELROSE DR ORLANDO, FLORIDA 32829

# ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

**GLADYS GARCIA 5087 LAKE MELROSE DR** ORLANDO, FLORIDA 32829

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.

