

P110000021049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

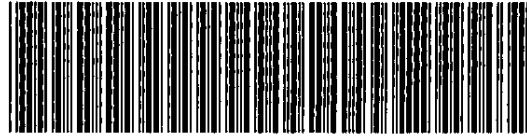
Special Instructions to Filing Officer:

Armando Fuentes
gave permission
for the shares of
stock

cg

Office Use Only

6250-2228-
W10000089606
691-



800188892068

12/27/10--01026--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JAN -7 PM 4:56

cg 1/10/11

COVER LETTER

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

SUBJECT: A & F 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

PAID

FROM: Armando J. Fuentes

Name (Printed or typed)

3333 West Commercial Blvd. Suite 203

Address

Fort Lauderdale, FL 33309

City, State & Zip

954-540-2539

Daytime Telephone number

afuentesv7@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2011

ARMANDO FUENTES
3333 W. COMMERCIAL BLVD. #203
FORT LAUDERDALE, FL 33309

SUBJECT: A & F INSURANCE GROUP, INC.
Ref. Number: W10000059606

We have received your document for A & F INSURANCE GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 311A00000680

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DIVISION OF CORPORATIONS
2011 JAN - 7 PM 4: 56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JAN -5 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 28, 2010

ARMANDO FUENTES
3333 W. COMMERCIAL BLVD. #203
FORT LAUDERDALE, FL 33309

SUBJECT: AGF INSURANCE GROOP, INC
File Number: W10000059606

NOTE:
NOT G
IS & = AND.

We have received your document for AGF INSURANCE GROOP, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 110A00029980

2011 JAN -7 PM 4:57

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

A & F Insurance Group, Inc.
The name of the corporation shall be:

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
3333 West Commercial Blvd. # 203
Fort Lauderdale, FL 33309

2011 JAN -7 PM 4:57
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SALES AND SERVICE COMMERCIAL INSURANCE LINES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Armando J. Fuentes</u>	Name and Title: _____
Address: <u>3333 West Commercial Blvd #203</u>	Address: _____
<u>Fort Lauderdale, FL 33309</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

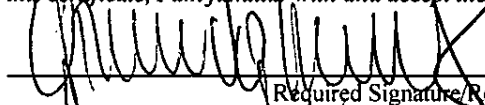
Name: Armando J. Fuentes
Address: 3333 West Commercial Blvd. # 203
Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Armando J. Fuentes
Address: 3333 West Commercial Blvd. # 203
Fort Lauderdale, FL 33309

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

	<u>1/3/11</u>
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	<u>1/3/11</u>
Required Signature/Incorporator	Date