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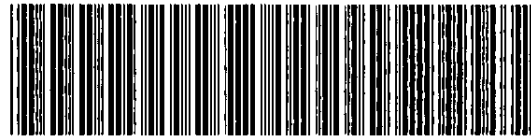
(Business Entity Name)

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2011 JAN 13 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: V & R SUAREZ INSURANCE AND ASSOCIATES 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: VANESSA M SUAREZ & REYNIER SUAREZ  
Name (Printed or typed)

7430 SW 59 CT. APT# A4  
Address

SOUTH MIAMI FLORIDA 33143  
City, State & Zip

239-269-3788  
Daytime Telephone number

VMIC17@LIVE.COM  
E-mail address: (to be used for future annual report notification)

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

Please MAKE CORPORATION effective date: 1/11/2011

**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: **V & R SUAREZ INSURANCE AND ASSOCIATES INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7430 SW 59 CT APT #A4  
MIAMI FLORIDA 33143

Mailing address, if different is:

7430 SW 59 CT APT #A4  
MIAMI FLORIDA 33143

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ALL LINES INSURANCE SALES**

**ARTICLE IV SHARES**

The number of shares of stock is: **50 VANESSA M SUAREZ AND 50 REYNIER SUAREZ**

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

Name and Title: VANESSA M SUAREZ  
Address: 7430 SW 59 CT APT # A4  
SOUTH MIAMI FL 33143  
PRESIDENT/ EXCLUSIVE AGENT

Name and Title: REYNIER SUAREZ  
Address: 7430 SW 59 CT APT#A4  
SOUTH MIAMI FLORIDA 331343  
VICE PRESIDENT

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: VANESSA M SUAREZ  
Address: 7430 SW 59 CT APT#A4  
SOUTH MIAMI FLORIDA 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VANESSA M SUAREZ AND REYNIER SUAREZ  
Address: 7430 SW 59 CT APT #A4  
SOUTH MIAMI FL 33143

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

1/11/11

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.*

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

1/11/11

Date

*PLEASE MAKE CORPORATION EFFECTIVE DATE 1/11/2011*

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