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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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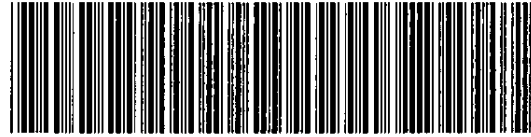
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JAN 24 PM 4:41

CLERK OF STATE
TALLAHASSEE, FLORIDA

1.0000 JAN 26 2011

COVER LETTER

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

SUBJECT: Sun Country Insurance Agency, 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: Esther de Pedro

Name (Printed or typed)

32624 Blossom Lane Ste 3

Address

Leesburg, FL 34788

City, State & Zip

352 326 5218

Daytime Telephone number

suncountryia@aol.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: **Sun Country Insurance Agency, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
32624 Blossom Ln Ste 3
Leesburg, FL 34788

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Esther de Pedro Owner/President**
Address: **32624 Blossom Ln**
Ste 3
Leesburg, FL 34788

Name and Title: _____
Address: _____

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: **Esther de Pedro**
Address: **32624 Blossom Ln Ste 3**
Leesburg, FL 34788

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Esther de Pedro**
Address: **32624 Blossom Ln Ste 3**
Leesburg, FL 34788

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

Esther de Pedro

Required Signature/Registered Agent

January 20, 2011

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.

Esther de Pedro

Required Signature/Incorporator

January 20 2011

Date

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STATE OF FLORIDA
DEPARTMENT OF STATE