

PN 000025443

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(Business Entity Name)

(Document Number)

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11 MAR 14 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YMD 3/15

## COVER LETTER

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

**SUBJECT:** South Florida Loss Consultants, Corp.

(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: Omar Garcia

Name (Printed or typed)

2423 SW 147 AVE #214

Address

MIAMI, FL 33185

City, State & Zip

305-599-7332

Daytime Telephone number

SFLCINC@GMAIL.COM

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2011

OMAR GARCIA  
2423 SW 147TH AVE., #214  
MIAMI, FL 33185

SUBJECT: SOUTH FLORIDA LOSS CONSULTANTS, CORP  
Ref. Number: W11000012254

We have received your document for SOUTH FLORIDA LOSS CONSULTANTS, CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6921.

Maryanne Dickey  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 311A00005266

**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: **South Florida Loss Consultants Group, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2423 SW 147 AVE**  
**#214**  
**Miami, FL 33185**

Mailing address, if different is:  
**2423 SW 147 Ave**  
**#214**  
**Miami, FL 33185**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Insurance adjusting services**

**FILED**  
**11 MAR 14 PM 1:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE IV SHARES**

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

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

Name and Title: **Omar Garcia President**  
Address: **2423 SW 147 Ave**  
**#214**  
**Miami, FL 33185**

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

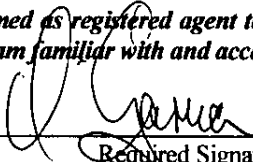
Name: **Omar Garcia**  
Address: **2423 SW 147 Ave #214**  
**Miami, FL 33185**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Omar Garcia**  
Address: **2423 SW 147 Ave #214**  
**Miami, FL 33185**

*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*

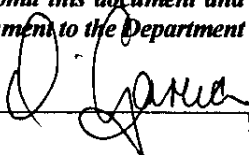


Required Signature/Registered Agent

**03-08/2011**

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.*



Required Signature/Incorporator

**03/08/11**  
Date

**Omar Garcia**