

PI1000673090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

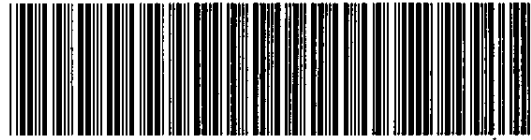
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399-0400
2011 AUG 15 AM 9:35

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J. SHAWB AUG 16 2011

COVER LETTER

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

SUBJECT: Secure US Insurance Agents, 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: Andres Lowentraut
Name (Printed or typed)
2361 SW 139 PK.
Address
Miami, FL 33175
City, State & Zip
786-251-0354
Daytime Telephone number
secusinsurance@mail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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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: SECURE US Insurance Agents, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2361 SW 139 PL. MIAMI, FL 33175

Mailing address, if different is: same

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andres Lowentraut, President; Address: 2361 SW 139 PL. MIAMI, FL 33175

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: Andres Lowentraut; Address: 2361 SW 139 PL. MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Andres Lowentraut; Address: 2361 SW 139 PL. MIAMI, FL 33175

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

[Signature]

Required Signature/Registered Agent

8/11/11

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.

[Signature]

Required Signature/Incorporator

8/11/11

Date

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