

P11000092357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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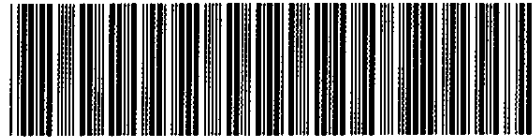
(Business Entity Name)

(Document Number)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FLORIDA INSURANCE GROUP OF MIAMI ND 2 INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

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: **FLORIDA INSURANCE GROUP OF MIAMI NO 2 INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6860 WEST FLAGLER ST
MIAMI
FLORIDA 33144

Mailing address, if different is:
6860 WEST FLAGLER ST
MIAMI
FLORIDA 33144

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 SHARES @ 1.00 PER VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT CELIDA L DELGADO**
Address: **12737 SW 70 LN**
MIAMI
FLORIDA 33183

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: **CELIDA L DELGADO**
Address: **6860 WEST FLAGLER STREET**
MIAMI FLORIDA 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CELIDA L DELGADO**
Address: **6860 WEST FLAGLER STREET**
MIAMI FLORIDA 33144

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

X Celgado

Required Signature/Registered Agent

10/18/2011

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.

X Celgado

Required Signature/Incorporator

10/18/2011

Date

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