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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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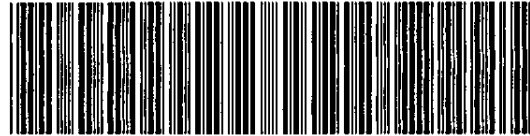
(Business Entity Name)

(Document Number)

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J. Shivers NOV 14 2011

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2011 NOV 14 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LOPEZ INSURANCE AND FINANCIAL SERVICES 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: KENNETH P. ALEVRAS, CPA
Name (Printed or typed)

595 EAGLE ROCK AVENUE
Address

WEST ORANGE, NJ 07052
City, State & Zip

(973) 736 8925
Daytime Telephone number

ken@alevrascpa.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

LOPEZ INSURANCE AND FINANCIAL SERVICES INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1475 PALM COAST PARKWAY**SUITE 107****PALM COAST, FL 32137**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL INSURANCE AND FINANCIAL PRODUCTS TO THE GENERAL PUBLIC**ARTICLE IV SHARES**The number of shares of stock is: **1,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **ANTHONY LOPEZ**Address: **12908 S. ORANGE BLOSSOM TRAIL****UNIT #101****ORLANDO, FL 32837**

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: **ANTHONY LOPEZ**Address: **12908 S. ORANGE BLOSSOM TRAIL****ORLANDO, FL 32837****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **KENNETH A. EVRAS CPA**Address: **595 EAGLE ROCK AVENUE****WEST ORANGE, NJ 07052**

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

10/27/11
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
10/27/11

Date

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 TALLAHASSEE, FLORIDA