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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers NOV 21 2011

4855-113

COVER LETTER

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

SUBJECT: **ACCESS COMMUNITY INSURANCE AGENCY**
(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: **ARTURO E OTERO**
Name (Printed or typed)

W. EMMETT STREET STE. C
Address

KISSIMMEE, FL 34741
City, State & Zip

407-933-0891
Daytime Telephone number

access1@inbox.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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:

ACCESS COMMUNITY INSURANCE AGENCY CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1012 W. EMMETT STREET

SUITE C

KISSIMMEE, FL 34741

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IS TO HELP WITH INSURANCE PRODUCTS IN THE EVENT OF UNEXPECTED EXPENSES

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARTURO OTERO/PRESIDENT

Address: 1012 W. EMMETT STREET

SUITE C

KISSIMMEE, FL 34741

Name and Title: _____

Address: _____

Name and Title: EDWARD BONETTI/VICE PRESIDENT

Address: 1012 W. EMMETT STREET

SUITE C

KISSIMMEE, FL 34741

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: ARTURO OTERO

Address: 1012 W. EMMETT STREET SUITE C

KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARTURO OTERO

Address: 1012 W. EMMETT STREET SUITE C

KISSIMMEE, FL 34741

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

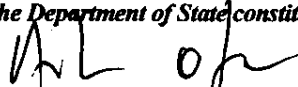


Required Signature/Registered Agent

11-15-11

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

11-15-11

Date

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