

P120000019882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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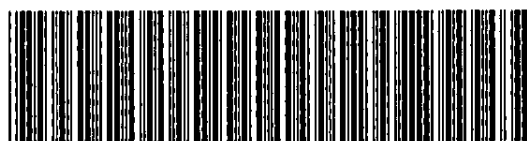
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/12--01010--004 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/29

COVER LETTER

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

SUBJECT: LJM INSURANCE GROUP, 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: LEONEL ARANGO

Name (Printed or typed)

7220 N AUGUSTA DRIVE

Address

HIALEAH, FL 33015

City, State & Zip

786-216-6893

Daytime Telephone number

LEONEL325@YAHOO.COM

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

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 LJM INSURANCE GROUP, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7220 N AUGUSTA DRIVE
HIALEAH, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SELL INSURANCE FOR HOME AND AUTO

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONEL ARANGO, PRES

Address: 7220 N AUGUSTA DR
HIALEAH, FL 33015

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: LEONEL ARANGO, PRES

Address: 7220 N AUGUSTA DR
HIALEAH, FL 33015


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONEL ARANGO, PRES

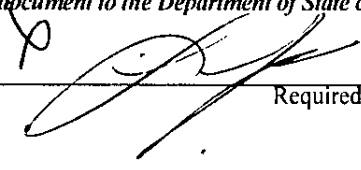
Address: 7220 N AUGUSTA DR
HIALEAH, FL 33015

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


Date 2/22/12

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


Date 2/22/12

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