

P1200036060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

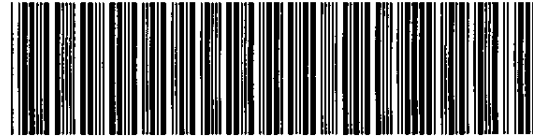
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600229025346

04/17/12--01010--002 \*\*87.50

RECEIVED APR 16 2012

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 16 PM 2:04

95 4/17/12

## COVER LETTER

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

**SUBJECT: M.T. INSURANCE, 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: **MARIANA TIRANTE**

Name (Printed or typed)

**301 S.W. 7 STREET**

Address

**HALLANDALE, FLORIDA 33009**

City, State & Zip

**954-394-2014**

Daytime Telephone number

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** M.T. INSURANCE, INC.  
The name of the corporation shall be:

12 APR 16 PM 2:04

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
301 S.W. 7 STREET  
HALLANDALE, FLORIDA 33009

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
LAWFUL BUSINESS & INSURANCE PRACTICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIANA TIRANTE, PRESIDENT  
Address: 301 SW 7 STREET  
HALLANDALE, FLORIDA 33009

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: DOUGLAS TIRANTE  
Address: 301 SW 7 STREET  
HALLANDALE, FLORIDA 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIANA TIRANTE  
Address: 301 SW 7 STREET  
HALLANDALE, FLORIDA 33009

*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

4/11/12  
\_\_\_\_\_  
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

04-11-12  
\_\_\_\_\_  
Date