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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 16 PM 2:17

Ps 4/17/12

COVER LETTER

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

SUBJECT: D. M. 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: UNITED FAMILY INSURANCE, INC.

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

The name of the corporation shall be: **D. M. INSURANCE, INC.**

12 APR 16 PM 2:17

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DOUGLAS MASSI - PRESIDENT FOR UNITED FAMILY INSURANCE, INC**
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

04-11-12
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

4/11/12
Date