

P12000055111

(Requestor's Name)

Erick Fernandez
151 Crandon Blvd #430
Key Biscayne FL 33149

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

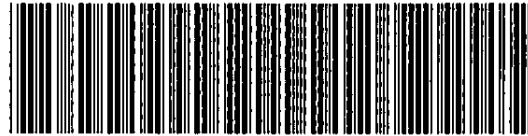
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -9 PM 3:40

W12000021270

6/19/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2012

ERICK FERNANDEZ
151 CRANDON BLVD. #430
KEY BISCAVNE, FL 33149

SUBJECT: ALLLIFE INSURANCE CORP.
Ref. Number: W12000021270

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -9 PM 3:40

We have received your document for ALLLIFE INSURANCE CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 612A00014050

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN 13 PM 12:53

*The name
is correct.
Thanks!*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2012

ERICK FERNANDEZ
151 CRANDON BLVD. #430
KEY BISCAYNE, FL 33149

SUBJECT: ALLLIFE INSURANCE CORP.
Ref. Number: W12000021270

We have received your document for ALLLIFE INSURANCE CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 912A00011996

12 MAY - 9 PM 3:40

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Alllife Insurance Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Erick Fernandez
151 Crandon Blvd #430
Key Biscayne FL 33149

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erick Fernandez
Address: 151 Crandon Blvd #430
Key Biscayne FL 33149

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: Miranda Stasulli
Address: 151 Crandon Blvd #430
Key Biscayne FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erick Fernandez
Address: 151 Crandon Blvd #430
Key Biscayne FL 33149

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

Miranda Stasulli
Required Signature/Registered Agent

3/19/12
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.

[Signature]
Required Signature/Incorporator

3/19/12
Date

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