

P120009554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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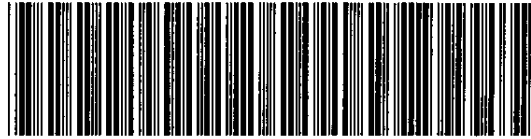
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 30 AM 9:56

12/3/12

## COVER LETTER

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

**SUBJECT: LONGO INSURANCE AGENCY 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: **PETER LONGO**

Name (Printed or typed)

**2500 PARKVIEW DRIVE UNIT 1908**

Address

**HALLANDALE, FL 33009**

City, State & Zip

**561-509-2176**

Daytime Telephone number

**peterjlongo@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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME** LONGO INSURANCE AGENCY INC  
The name of the corporation shall be:

12 NOV 30 AM 9:56

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2500 PARKVIEW DRIVE UNIT 1908  
HALLANDALE, FL 33009

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SELL INSURANCE OF ALL TYPES AFTER LICENSE FOR EACH TYPE IS OBTAINED.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PETER J LONGO, PRESIDENT  
Address: 2500 PARKVIEW DRIVE UNIT 1908  
HALLANDALE, FL 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: PETER J LONGO  
Address: 2500 PARKVIEW DRIVE UNIT 1908  
HALLANDALE, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PETER J LONGO  
Address: 2500 PARKVIEW DRIVE UNIT 1908  
HALLANDALE, FL 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

Peter Longo  
Required Signature/Registered Agent

OCTOBER 13, 2012

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.

Peter Longo  
Required Signature/Incorporator

OCTOBER 13, 2012

Date

→ NOVEMBER 28, 2012  
Peter Longo