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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 5/17

## COVER LETTER

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

**SUBJECT:** Ahead 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Erick Menendez

Name (Printed or typed)

1532 Blue Grass Blvd

Address

Deland, FL 32724

City, State & Zip

954-261-9437

Daytime Telephone number

erick\_menendez@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**

The name of the corporation shall be: Ahead Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1532 Blue Grass Blvd

Deland, FL 32724

Mailing address, if different is:

P.O. Box 872

Deland, FL 32721

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transact Insurance and financial products

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Erick Menendez, President

Name and Title: \_\_\_\_\_

Address 1532 Blue Grass Blvd

Address: \_\_\_\_\_

Deland, FL 32724

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Erick Menendez  
Address: 1532 Blue Grass Blvd  
Deland, FL 32724

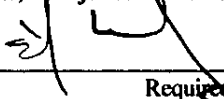
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Erick Menendez  
Address: 1532 Blue Grass Blvd  
Deland, FL 32724

*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

5/13/13  
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

5/13/13  
Date