

P13000057481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

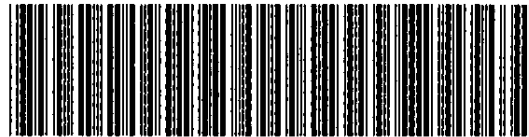
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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6250

W13000035227



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06/17/13--01032--016 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL - 1 PM 4: 12

7/8/13

## COVER LETTER

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

SUBJECT: Becon Financial & Insurance Solutions Corp.  
(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: Stephanie Mouawad  
Name (Printed or typed)

55 Merrick Way - Apt 640  
Address

Coral Gables, FL 33134  
City, State & Zip

786-493-9522  
Daytime Telephone number

S.mouawad12@gmail.com  
E-mail address: (to be used for future annual report notification)

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**NOTE: Please provide the original and one copy of the articles.**



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DIVISION OF CORPORATIONS

13 JUL -1 PM 4:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2013

STEPHANIE MOUAWAD  
55 MERRICK WAY  
APT. 640  
CORAL GABLES, FL 33134

SUBJECT: BEACON FINANCIAL & INSURANCE SOLUTIONS, CORP.  
Ref. Number: W13000035227

We have received your document for BEACON FINANCIAL & INSURANCE SOLUTIONS, 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 have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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: 513A00015286

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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RECEIVED

**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: Beacon Financial & Insurance Solutions, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

55 Merrick Way - Apt 640

Coral Gables, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance (life, health, and annuities)  
& other financial services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

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

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

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

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

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

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

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DIVISION OF CORPORATIONS  
13 JUL - 1 PM 4: 12

(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:

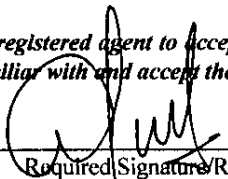
Name: Alberto A. Regueira  
Address: 13241 SW 38th Street  
Miami, FL 33175

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Stephanie Mouawad  
Address: 55 Merrick Way - Apt 640  
Coral Gables, FL 33134

*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*

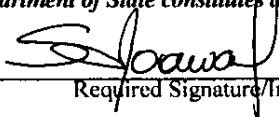


\_\_\_\_\_  
Required Signature/Registered Agent

06/26/2013

\_\_\_\_\_  
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

06/26/2013

\_\_\_\_\_  
Date

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