

P13 00000 89378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

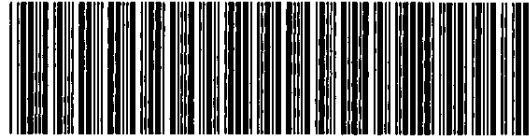
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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT: GINA GONZALEZ PA**

(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: PABLO RODRIGUEZ**

Name (Printed or typed)

**320 S BUMBY AVE STE 10**

Address

**ORLANDO FL 32803**

City, State & Zip

**407-896-7921**

Daytime Telephone number

**BQITR@MSN.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: GINA GONZALEZ PA

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

680 NE 64TH ST A202

MIAMI FL 33138

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

INSURANCE AGENT

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: GINA GONZALEZ P

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

Address 680 NE 64TH ST A202

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

MIAMI FL 33138

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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(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: GINA GONZALEZ  
Address: 680 NE 64TH ST A202  
MIAMI FL 33138

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PABLO RODRIGUEZ  
Address: 320 S BUMBY AVE STE 10  
ORLANDO FL 32803

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*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

10/15/2013

\_\_\_\_\_  
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

10/15/2013

\_\_\_\_\_  
Date

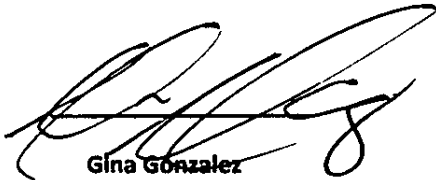
10/15/2013

To whom it may concern,

I do not intend to reinstate the corporation GINA GONZALEZ PA document number p12000067823. I hereby release to form the new corporation GINA GONZALEZ PA.

Please let me know of your decision.

Sincerely,



Gina Gonzalez

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