

P13000093513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

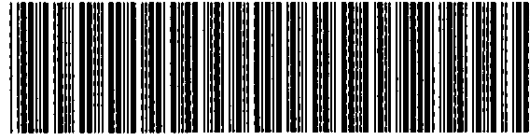
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

U13-60672

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION
2013 NOV 15 PM 2:35

147

COVER LETTER

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

SUBJECT: ESSENTIAL FINANCIAL and Insurance Services
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Olivia ALVAREZ
Name (Printed or typed)

2200 NORTH COMMENCE Parkway
Suite 200 Address

Weston, FL 33326
City, State & Zip

954-6220078
Daytime Telephone number

oliviavalvarez@live.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2013

ALICIA ALUAREZ
2200 NORTH COMMERCE PARKWAY
SUITE 200
WESTON, FL 33326

SUBJECT: ESSENTIAL FINANCIAL AND INSURANCE SERVICES
Ref. Number: W13000060672

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 813A00025421

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: ESSENTIAL FINANCIAL AND INSURANCE SERVICES Corp.

ARTICLE II PRINCIPAL OFFICE

effective date 01/01/2014

Principal street address

Mailing address, if different is:

2200 North Commerce Parkway
SUITE 200
Weston FL. 33326

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting, advise and sell /soliciting financial
advise and planning.
sell of life insurance and annuities and health.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olivia Alvarez President

Name and Title:

Address: 2534 Golfview Dr
Weston FL.
33327

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

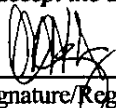
Name: Olivia Alvarez
Address: 2534 Golf View Drive
Weston FL. 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

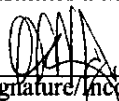
Name: Olivia Alvarez
Address: 2534 Golf View Drive
Weston FL. 33327

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

10/28/2013
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

10/28/2013
Date

*Effective date should be
01/01/2014*