

P14000063134

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
UNIMAX INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 25 PM 1:08

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7/28/14



July 25, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: UNIMAX INSURANCE AGENCY, JNC.
REF: W14000045729

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TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: E14000176373
Letter Number: 114A00016009

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

Unimax Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6043 NW 167th Street Suite A-25
Hialeah, FL 33015

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Maria de Lourdes Puentes - President
Orelando Gonzalez - V. President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria de Lourdes Puentes
6043 NW 167th St Suite A-25
Hialeah, FL 33015

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

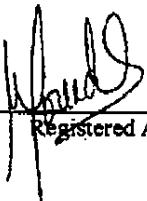
Maria de Lourdes Puentes
6043 NW 167th St Suite A-25
Hialeah, FL 33015

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Required Signatures:

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

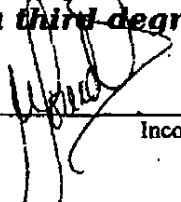


Registered Agent

07/24/2014

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.



Incorporator

07/24/2014

Date

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