

P14000074649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

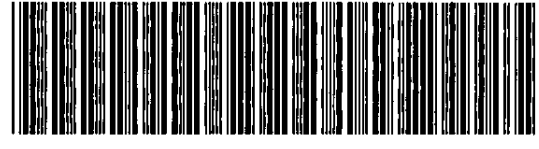
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/08/14--01018--007 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP -8 PM 3:33

APPROVAL  
AND  
FILED

1/4

**COVER LETTER**

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

**SUBJECT: ALXA INSURANCE 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

**FROM: Xavier A. Navarrete**  
Name (Printed or typed)  
**3001 SW 133rd PL**  
Address  
**Miami, FL 33175**  
City, State & Zip  
**(305) 336 0723**  
Daytime Telephone number  
**xaviern61@bellsouth.net**  
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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: ALXA INSURANCE CORP.

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3001 S.W. 133RD PL  
MIAMI, FL 33175

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

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

Name and Title: ALVARO SEVILLA  
Address: PRESIDENT  
1853 SW 10TH ST  
MIAMI FL 33175

Name and Title: XAVIER NAVARRETE  
Address: VP, S, T  
3001 SW 133 PL  
MIAMI FL 33175

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

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

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

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

APPROVED  
AND  
FILED

(conti.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u> <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: XAVIER A. NAVARRETE

Address: 3001 SW 133 PL  
MIAMI FL 33175

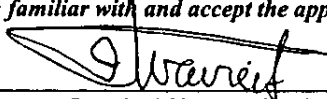
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: XAVIER A. NAVARRETE

Address: 3001 SW 133 PL  
MIAMI FL 33175

*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*

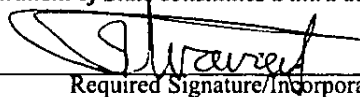


Required Signature/Registered Agent

9/2/2014

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.*



Required Signature/Incorporator

9/2/2014

Date