

P 14000077746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

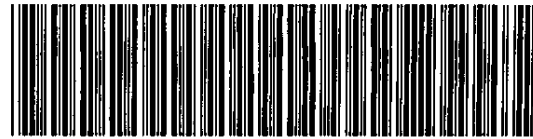
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261296314

06/18/14--01023--020 **78.75

FILED
14 SEP 18 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/19/14

COVER LETTER

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

SUBJECT: Global Insurance of Florida, INC.
(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: Gabriel G. Morales
Name (Printed or typed)

7150 Laurel Lane
Address

Miami Lakes, Florida 33014
City, State & Zip

3057907768
Daytime Telephone number

insuranceagent305@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 18 PM 2:07

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2014

GABRIEL G. MORALES
7150 LAUREL LANE
MIAMI LAKES, FL 33014

SUBJECT: GLOBAL INSURANCE OF FLORIDA, INC.
Ref. Number: W14000038936

We have received your document for GLOBAL INSURANCE OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 014A00013541

FILED
14 SEP 18 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Global Insurance of Florida, INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14 SEP 18 PM 2:07

7150 Laurel Lane

Miami Lakes, Florida 33014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful business for which a corporation may be
organized under the Florida Business Act,
specifically an insurance agency

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel G. Morales Pres.

Name and Title: _____

Address 7150 Laurel Lane

Address: _____

Miami Lakes, Florida 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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:

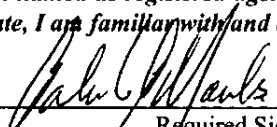
Name: Gabriel G. Morales
Address: 7150 Laurel Lane
Miami Lakes, Florida 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel G. Morales
Address: 7150 Laurel Lane
Miami Lakes, Florida 33014

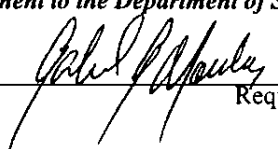
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/15/14
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

9/15/14
Date

FILED
14 SEP 18 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA