

PA000092029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

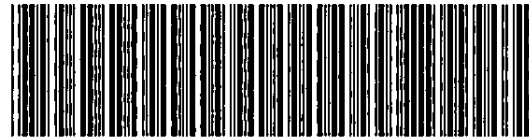
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/07/14--01024--011 **78.75

14 NOV -7 PM 3:55
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COVER LETTER

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

SUBJECT: MI Florida 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Martha Lucia Escobar
Name (Printed or typed)
4450 NW 113 Place
Address
Doral, FL 33178
City, State & Zip
(305) 300-6642
Daytime Telephone number
mifloridainsurance@gmail.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: MI Florida Insurance Corp.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

8302 NW 68th Street

Miami, Fl 33166

Mailing address, if different is:

8302 NW 68th Street

Miami, Fl 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "all lawful business"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martha L. Escobar President

Address 4450 NW 113 PL
Doral, Fl 33178

Name and Title: Ian D. Gomez Vice President

Address: 15447 SW 98th Terrace
Miami, Fl 33196

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

(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: Martha L. Escobar
Address: 4450 NW 113 PL
Doral, FI 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Martha L. Escobar
Address: 4450 NW 113 PL
Doral, FI 33178

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

Martha L. Escobar 11/05/2014
Required Signature/Registered Agent 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.

Martha L. Escobar 11/05/2014
Required Signature/Incorporator Date

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RECEIVED
TALLAHASSEE, FLORIDA