

P14000093688

(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

101400062923

NOV 19 2014

T. SCOTT



000265403360

10/14/14--01032--007 **70.00

NOV 19 PM 12:00

RECEIVED
DIVISION OF REVENUE
NOV 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2014

DANAY GARCIA
16291 SW 56TH TERRACE
MIAMI, FL 33193

SUBJECT: D & D MORAN INSURANCE CORP
Ref. Number: W14000062923

We have received your document for D & D MORAN INSURANCE CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 814A00022106

COVER LETTER

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

SUBJECT: **D & D MORAN IINSURANCE 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: **DANAY GARCIA**
Name (Printed or typed)
16291 SW 56th Terrace
Address
Miami, FL 33193
City, State & Zip
305-308-5306
Daytime Telephone number
danaygarcia04@yahoo.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:

D & D MORAN INSURANCE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16291 SW 56th Terrace

Miami, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business establishment.

ARTICLE IV SHARES

The number of shares of stock is:

100

NOV 18 PM 12:00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Danay Garcia**

Name and Title: **Daryll E. Garcia**

Address **16291 SW 56th Terrace**

Address: **16291 SW 56th Terrace**

Miami, FL 33193

Miami, FL 33193

Vice President

President

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: Danay Garcia
Address: 16291 SW 56th Terrace
Miami, FL 33193

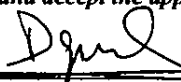
NOV 18 PM 12:00

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daryll E. Garcia
Address: 16291 SW 56th Terrace
Miami, FL 33193

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

10/09/2014

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

10/09/2014

Date