P14000098122

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(Only Called Light Hollow)
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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COVER LETTER

TO: **Charter Section**

Division of Corporations

D & E INSURANCE SERVICES AGENCY, INC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to-

i lease return an com	espondence concerna	g uns matter to.		
Gretchen Ca	abrera			
	Contact Person		•	
D&E INSURAN	CE SERVICES A	GENCY, INC		
	Firm/Company		-	
13648 3	Ongul. Pl Address			
	Address		•	
Wellingto	n, FL 334	114		
, с	City, State and Zip Code			
jordany2005				
E-mail address: (to	be used for future annual r	eport notification)	=	
For further informati	on concerning this ma	tter, please call:		
Gretchen Ca	abrera	_at (561	82	7-7107
Name of Con	tact Person		Dayti	ime Telephone Number
Enclosed is a check t	for the following amou	nt:		
□ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	<u>§:</u>	MAILI	NG A	ADDRESS:
New Filings Section	···	New Fi	lings	Section
Division of Corporat	ions	Division		Corporations

2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314



December 2, 2014

GRETCHEN CABRERA 13648 JONQUIL PL WELLINGTON, FL 33414

SUBJECT: D & E INSURANCE SERVICES AGENCY, INC

Ref. Number: W14000071692

We have received your document for D & E INSURANCE SERVICES AGENCY, INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

List one (1) person to serve as the Registered Agent with the signature to match.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 014A00025300

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profile convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
D&E Insurance Services Agency, LLC LI300006
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
_{on} May 12,2013
on May 12,2013 Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: No
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
D & E INSURANCE SERVICES AGENCY, INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 21 . day of November	, 20 <u>14</u> .			
Required Signature for Florida Profit Corporation:				
oi colt Vi olt Piarro	Office Office	ua harra mat		
Signature of Chairman, Vice Chairman Director, C	officer, or, if Directors or Officer	s nave not		
been selected, an Incorporator:	<u> </u>			
Printed Name: Yordany R. Espinosa Title:	President			
		<i>>></i> ₹` 1		
Required Signature(s) on behalf of Other Business	Entity: [See below for required	~i~<		
signature(s).]		TS P		
Signature: CSNWS Printed Name: Yordany R. Espinosa		Esi ?		
Signature: 4C5(1V103)	Ti'al Mov	- 号号 ~		
Printed Name: Yordany, H. Espinosa	_ little: Mgr	_ 		
		7.5		
Signature:	T'Al.			
Printed Name:	_ 1 itie:			
Signatura				
Signature:Printed Name:	Title			
Trinted Ivanie.	11110			
Signature:				
Printed Name:	Title:			
Timed Name.		****		
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liabilit	y Partnership:			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:			
Signatures of ALL General Partners.				
If Florida Limited Liability Company:				
Signature of a Member or Authorized Representative.	•			
All others:				
Signature of an authorized person.				
_				
Fees:				
Certificate of Conversion:	\$35.00			
Fees for Florida Articles of Incorporation:	\$70.00			
Certified Copy:	\$8.75 (Optional)			
Certificate of Status:	\$8.75 (Optional)			

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

a mo manto of t	NAME he corporation shall be: D&E INSUR			
ARTICLE I The principal	PRINCIPAL OFFICE place of business/mailing address is:	[편성] 		
	Principal street address	Mailing address, if different is		
1800 Forest Hill Blvd,suite A-7 West Palm Beach, FL 33406		13648 Jonquil PL		
		Wellington, FL 33414		
The purpose i	T PURPOSE for which the corporation is organized is: ID ALL LAWFUL BUSINE	SS		
ARTICLE I	f shares of stock is:	Crotobon Cobroro VD		
The number of th	f shares of stock is:	Name and Title: Gretchen Cabrera VP		
RTICLE I	f shares of stock is: 100 TOTAL OFFICERS AND/OR D le: Yordany R Espinosa P	Crataban Cabrara VD		
The number of ARTICLE IN Name and Tite Address:	r shares of stock is: 100 TINITIAL OFFICERS AND/OR D le: Yordany R Espinosa P 13648 Jonquil PL Wellington, FL 33414	Name and Title: Gretchen Cabrera VP Address: 13648 Jonquil PL		
The number of	r shares of stock is: 100 TINITIAL OFFICERS AND/OR D le: Yordany R Espinosa P 13648 Jonquil PL Wellington, FL 33414	Name and Title: Gretchen Cabrera VP Address: 13648 Jonquil PL Wellington, FL 33414		
The number of ARTICLE IN Name and Tite Address:	f shares of stock is:	Name and Title: Gretchen Cabrera VP Address: 13648 Jonquil PL Wellington, FL 33414 Name and Title:		
The number of th	f shares of stock is:	Name and Title: Gretchen Cabrera VP Address: 13648 Jonquil PL Wellington, FL 33414 Name and Title: Address:		

The name	and address of the Incorporator is:	
Name:	Yordany R. Espinosa	ESC.
Address:	13648 Jonquil Pl.	SSET OF THE
	Wellington, FL 33414	PA 2
		TAIE ORID
******	************	*******
Having be designated capacity	ten named as registered agent to accept service of proceed in this certificate, I am familiar with and accept the appo	ess for the above stated corporation at the place intment as registered agent and agree to act in this
	YZSpMOSC	_12/03/14
	Required Signature/Registered Agent	Date
I submit ti submitted i	his document and affirm that the facts stated herein a in a document to the Department of State constitutes a thir	re true. I am aware that any false information ed degree felony as provided for in s.817.155, F.S. 12/02/14
	Required Signature/Incorporator	Date
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