

P15000024148

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(Business Entity Name)

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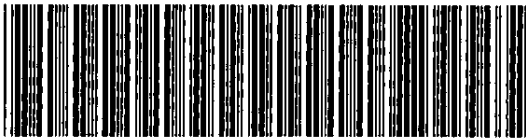
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15 MAR 10 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15
3/12/15

COVER LETTER

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

SUBJECT: Martinez & Associates Insurance Services 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 ☐ \$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

Already Pd

FROM: Gertrudis Martinez
Name (Printed or typed)

1650 Margaret St #302-107
Address

Jacksonville FL 32204
City, State & Zip

904/556 6388
Daytime Telephone number

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 10 PM 4:04

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2015

GERTUDIS MARTINEZ
1650 MARGARET STREET
SUITE 302 PMB 107
JACKSONVILLE, FL 32204

SUBJECT: MARTINEZ & ASSOCIATESINSURANCESERVICESINC
Ref. Number: W15000002419

We have received your document for MARTINEZ & ASSOCIATESINSURANCESERVICESINC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please add a space between the name of the corporation and the suffix.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 415A00000696

FILED
15 MAR 10 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
15 MAR 10 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Martinez & Associates

ARTICLE II PRINCIPAL OFFICE

Principal street address

6287 Magnolia STREET
KEYSTONE HEIGHTS FL 32656

Mailing address, if different is:

1650 Margaret St.
Ste 302-107
Jacksonville FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gertrudis Martinez Name and Title: President

Address: 1650 Margaret St. Address: _____
Ste 302-107
Jacksonville FL 32204

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:

Gertrudis Martinez

Address:

1650 Margaret St. STE 302-107
Jacksonville FL 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Gertrudis Martinez

Address:

1650 Margaret Street, Ste 302-107
Jacksonville FL 32204

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

03/04/2015
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

03/04/2015
Date

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TALLAHASSEE, FLORIDA