

P15000044239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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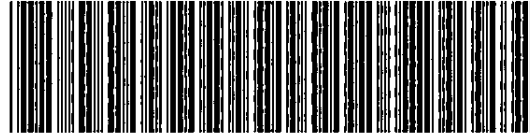
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01034--007 **78.75

FILED
15 MAY 18 AM 8:30
TALLAHASSEE, FLORIDA

WLS-30547

TRANSMITTAL LETTER

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

SUBJECT: ALIANZA INSURANCE & FINANCIAL 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

FROM: Juan A. Galindo, Registered Agent
Name (Printed or typed)

1819 N. University Drive
Address

Coral Springs, Florida 33071
City, State & Zip

954-654-3740
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2015

JUAN A. GALINDO
1819 N UNIVERSITY DR
CORAL SPRINGS, FL 33071

SUBJECT: ALIANZA INSURANCE & FINANCIAL SERVICES, INC.
Ref. Number: W15000030547

We have received your document for ALIANZA INSURANCE & FINANCIAL SERVICES, 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 715A00008866

PLEASE FIND ATTACHED NEW
SIGNED DOCUMENTS

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: **ALIANZA INSURANCE & FINANCIAL SERVICES, INC.**

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Insurance and All types of Financial Services

FOURTH

The aggregate number of authorized shares is 1,000 shares Par-Value \$1.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

15 MAY 18 AM 8:30
STATE OF FLORIDA
TALLAHASSEE

NINTH

The address of the initial Registered Office of the corporation is:
1819 N. University Drive Coral Springs, Florida 33071
and the name of it's initial Registered Agent at such address is:
Juan A. Galindo

TENTH

Address of the principal place of business is:
1819 N. University Drive Coral Springs, Florida 33071

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Three, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

Juan A. Galindo, Dir., CEO//Pres.

1819 N. University Drive Coral Springs, Florida 33071

TWELFTH

The name and address of each incorporator is:


NAME

ADDRESS

Juan A. Galindo, Dir., CEO//Pres.

1819 N. University Drive Coral Springs, Florida 33071

Date: April 20th, 2015



Juan A. Galindo, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.



Juan A. Galindo, Registered Agent

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STATE OF FLORIDA
TALLAHASSEE