

P15000050193

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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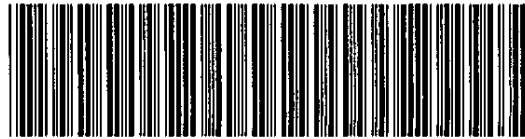
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALLAHASSEE, FL 32009

JUN 10 2015
W PAINTER

COVER LETTER

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

SUBJECT: WEST Florida Insurance Association II, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Luis de Lamar
Name (Printed or typed)

10501 SW 46 Ter
Address

Miami FL 33165
City, State & Zip

305-606-6494
Daytime Telephone number

delamar1@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: WEST Florida Insurance Association II, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10501 SW 46 Ter

Miami, Fla 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Insurance and Insurance related Products and services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO-Miguel Corbeto

Name and Title: COO- Luis deLaman.

Address 10501 SW 46 Ter

Address: 10501 SW 46 Ter

Miami Fla, 33165

Miami, Fla 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Luis de Lamar
Address: 10501 SW 46 Ter
Miami, FL 33165

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Luis de Lamar.
Address: 10501 SW 46 Ter
Miami, FL 33165

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
Date 5/29/2015

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
Date 5/29/2015

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