

P15000058132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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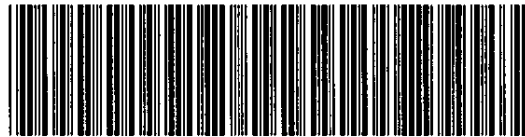
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/15--01043--004 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL -6 AM 10:46

2-14-15a

COVER LETTER

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

SUBJECT: AMERICAN_CITIZEN INSURANCE

(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: AMERICAN_CITIZEN INSURANCE

Name (Printed or typed)

8530 SW 124 AVE #103-139

Address

MIAMI, FL 33183

City, State & Zip

305-262-1789

Daytime Telephone number

americans_citizen@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: AMERICAN CITIZEN INSURANCE Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8350 SW 124 AVE #103-139

SAME

MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSURANCE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOLORES HERNANDEZ

Name and Title: PRESIDENT

Address 8530 SW 124 AVE

Address: _____

#103-139

MIAMI, FL 33183

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
15 JUL -6 AM 10:46

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: DOLOREZ HERNANDEZ
Address: 8530 SW 124 #103-139
MIAMI, FL 33183

ARTICLE VII INCORPORATOR

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

Name: DOLOREZ HERNANDEZ
Address: 8530 SW 124 AVE #103-139
MIAMI, FL 33183

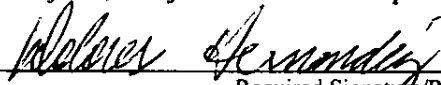
ARTICLE VIII EFFECTIVE DATE:

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

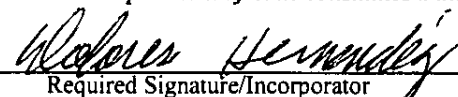
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 06/22/2015
Required Signature/Registered Agent 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.

 _____ 06/22/2015
Required Signature/Incorporator Date



RECEIVED JUL - 6 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2015

SCOTTSDALE INSURANCE INC
8530 SW 124 AVE #103-139
MIAMI, FL 33183

SUBJECT: SCOTTSDALE INSURANCE, INC.
Ref. Number: W15000032878

We have received your document for SCOTTSDALE INSURANCE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 215A00009705