

P15000058668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

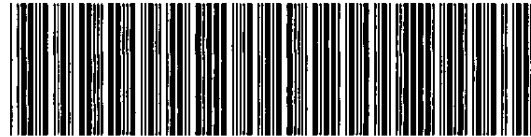
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WIS-44387

Office Use Only



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06/23/15--01025--008 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 13 AM 10:27

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: SELAHINSURANCE,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: KEVELA ANTOINE

Name (Printed or typed)

270 NE 175TH TERRACE

Address

NORTH MIAMI BEACH , FLORIDA 33162

City, State & Zip

786-267-1515

Daytime Telephone number

SELAHINSURANCE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2015

KEVELA ANTOINE
270 NE 175TH TERRACE
NORTH MIAMI BEACH, FL 33162

SUBJECT: SELAHINSURANCE,INC.
Ref. Number: W15000044387

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

Please add a space between the entity name and the "INC".

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 015A00013615

APPROVAL
AND
FILED

ARTICLES OF INCORPORATION

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

15 JUL 13 AM 10:27

ARTICLE I NAME

The name of the corporation shall be: SELAHINSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1140 NE 163RD STREET SUITE 25

N MIAMI BEACH, FLORIDA 33162

Mailing address, if different is:

270 NE 175TH TERRACE

N MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERSONAL INSURANCE, BUSINESS INSURANCE.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVELA ANTOINE, PRESIDENT

Name and Title: _____

Address 270 NE 175TH TERRACE

Address: _____

N MIAMI BEACH, FL 33162

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

15 JUL 13 AM 10:27

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE
_____	TALLAHASSEE FLORIDA
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KEVELA ANTOINE
Address: 270 NE 1275TH TERRACE
N MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEVELA ANTOINE
Address: 270 NE 175TH TERRACE
N MIAMI BEACH, FL 33162

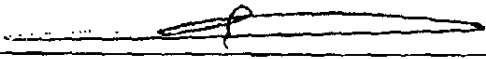
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/16/2015 (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

	06/16/2015
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.817.135, F.S.

	06/16/2015
Required Signature/Incorporator	Date