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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

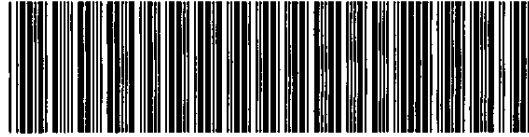
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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EFFECTIVE DATE

10-1-15

FILED  
2015 SEP 21 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

• SEP 25 2015

## COVER LETTER

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

**SUBJECT:** ZARATE INSURANCE CORP

(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: EDWARD ZARATE  
Name (Printed or typed)  
3448 NE 2 ST  
Address  
HOMESTEAD FLORIDA 33033  
City, State & Zip  
786-512-0551  
Daytime Telephone number  
ezbenefitsinc@aol.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: ZARATE INSURANCE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3448 NE 2 ST

HOMESTEAD FL. 33033

Mailing address, if different is:

P O BOX 900068

HOMESTEAD FL. 33090

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business acting to the capacity of an insurance agent broker for the sale of insurance products for individuals and businesses

EFFECTIVE DATE  
10-1-15

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDWARD ZARATE (CEO)

Address 3448 NE 2 ST

HOMESTEAD FL 33033

Name and Title: BLANCA ZARATE (COO)

Address: 3448 NE 2 ST

HOMESTEAD FL. 33033

Name and Title: JESSICA NUNEZ (P)

Address 2933 SE 2 DR UNIT 10

HOMESTEAD FL 33033

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: EDWARD ZARATE

Address: 3448 NE 2 ST  
HOMESTEAD FL 33033

EIN #  
47-5096651

**ARTICLE VII INCORPORATOR**

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

Name: EDWARD ZARATE

Address: 3448 NE 2 ST  
HOMESTEAD FL 33033

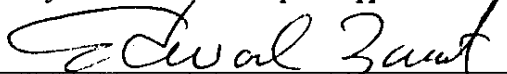
**ARTICLE VIII EFFECTIVE DATE:** 10/01/2015

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 of Registered Agent

09/15/2015

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

09/15/2015

Date