

P15000090402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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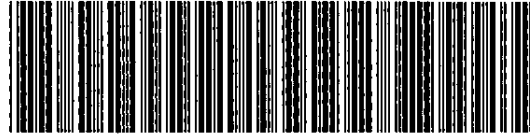
(Business Entity Name)

(Document Number)

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COVER LETTER

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

RECEIVED NOV 04 2015

SUBJECT: AMERICAN INSURANCE SERVICE OF FLA., 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: AMERICAN INSURANCE SERVICE OF FLA., INC.

Name (Printed or typed)

8530 SW 124 AVENUE SUITE #103-139

Address

MIAMI, FL 33183

City, State & Zip

786-367-6603

Daytime Telephone number

americaninsflorida@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 INSURANCE SERVICE OF FLA., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8530 S.W. 124 AVENUE, SUITE #103-139

MIAMI, FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSURANCE SERVICE AND BILLING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEORGE GARCIA PRESIDENT

Name and Title: _____

Address 8530 S.W. 124 AVENUE

Address: _____

SUITE 103-139

MIAMI, FLORIDA 33183

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
15 NOV -4 PM 3:06

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: LARRY PARRAMORE

Address: 8530 S.W. 124 AVENUE, SUITE 103-149

MIAMI, FLORIDA 33183

ARTICLE VII INCORPORATOR

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

Name: ELIZABETH PEREZ

Address: 8530 S.W. 124 AVENUE, SUITE #103-149

MIAMI, FLORIDA 33183

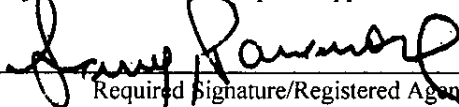
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-30-2015. (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.

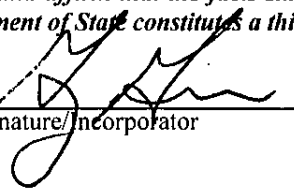
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10-30-2015

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.


Required Signature/Incorporator

10-30-2015

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2015

AMERICAN INSURANCE SERVICE OF FLA INC
8530 SW 124 AVE #103-139
MIAMI, FL 33183

SUBJECT: AMERICAN INSURANCE SERVICE OF FLA., INC.
Ref. Number: W15000070723

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -4 PM 3:00

We have received your document for AMERICAN INSURANCE SERVICE OF FLA., 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 effective date is not acceptable since it is not within five working days of the date of receipt.

You must list at least one incorporator with a complete business street address.

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: 715A00022589

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -4 PM 3:00