

P15000096998

(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:

Office Use Only



300279421323

11/30/15--01039--011 \*\*78.75

FILED  
15 NOV 30 PM 1:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

12/7/15

**COVER LETTER**

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

SUBJECT: Florida Online 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: Luisa AC Jorge-Breton  
Name (Printed or typed)

7601 Charing Cross Lane  
Address

Delray Beach FL 33446  
City, State & Zip

561-894-8875  
Daytime Telephone number

PlazaLuisa@Comcast.net  
E-mail address: (to be used for future annual report notification)

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

FILED  
15 NOV 30 PM 1:27  
DEPT. OF STATE  
TALLAHASSEE, FL 32314

EFFECTIVE DATE 10/01/16

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: Florida Online Insurance Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7601 Charing Cross Lane  
Delray Beach, FL 33446

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sale of auto, home +  
Commercial Insurance

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Luisa Jorge Breton, President Name and Title: \_\_\_\_\_

Address 7601 Charing Cross Lane Address: \_\_\_\_\_

Delray Beach, FL  
33446

Name and Title: Liza Galasso, Vice President Name and Title: \_\_\_\_\_

Address 7601 Charing Cross Lane Address: \_\_\_\_\_

Delray Beach, FL  
33446

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: Luisa Jorge-Breton

Address: 7601 Charing Cross La.  
Delray Beach, FL 33446

**ARTICLE VII INCORPORATOR**

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

Name: Luisa Jorge-Breton

Address: 7601 Charing Cross La.  
Delray Beach, FL 33446

FILED  
15 NOV 30 PM 1:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2016 (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.)

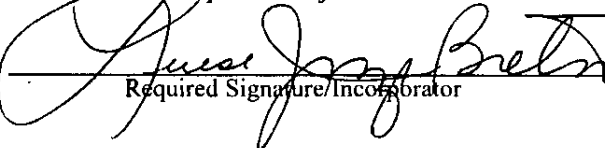
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/26/15  
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

11/26/15  
Date