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TALLAHASSEE, FLORIDA

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MAR 01 2016

## COVER LETTER

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

**SUBJECT:** O2 INSURANCE AGENCY, 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:** ANDREW L. JIMENEZ, ESQ.

Name (Printed or typed)

100 SE THIRD AVE, STE 1514

Address

FORT LAUDERDALE, FL 33394

City, State & Zip

(954) 848-3111

Daytime Telephone number

ANDREW@JIMENEZLAWOFFICES.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**

O2 INSURANCE AGENCY, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

110 E. BROWARD BLVD, STE 1700

261 RUE ST-JACQUES OUEST STE 100 & 200

FORT LAUDERDALE, FL 33301

MONTREAL, QC H2Y 1M6 CANADA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

INSURANCE SALES, AND FOR ANY AND ALL LAWFUL BUSINESS PURPOSES.

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: KANDACE KALIN (P)

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

Address 261 RUE ST-JACQUES OUEST

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

STE 100 & 200

MONTREAL, QC H2Y 1M6 CANADA

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

16 MAR - 1 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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: JIMENEZ LAW OFFICES, P.A.  
Address: 100 SE THIRD AVE, STE 1514  
FORT LAUDERDALE, FL 33394

**ARTICLE VII INCORPORATOR**

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

Name: KANDACE KALIN  
Address: 261 RUE ST-JACQUES O, STE 100 & 200  
MONTREAL, QC H2Y 1M6 CANADA

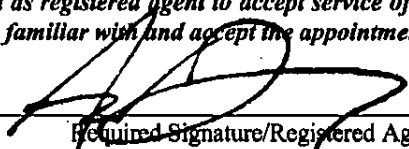
**ARTICLE VIII EFFECTIVE DATE:**

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*



\_\_\_\_\_  
Required Signature/Registered Agent

3/01/16

\_\_\_\_\_  
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.*

DocuSigned by:

Kandace Kalin

\_\_\_\_\_  
B04BF87AC Required Signature/Incorporator

3/01/16

\_\_\_\_\_  
Date