

P16000019784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

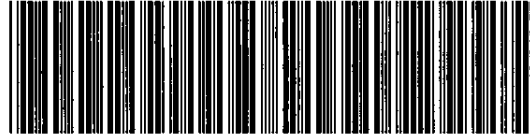
(Document Number)

Certified Copies _____

Certificates of Status ☒

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02/22/16--01032--017 **78.75

EFFECTIVE DATE

3-1-16

FILED
2016 FEB 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 3 2016

T. BROWN

COVER LETTER

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

SUBJECT: Perez-Medina Insurance Group, 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: Isabel Perez-Medina
Name (Printed or typed)

1830 SW 92nd Ave
Address

Miami, FL. 33165
City, State & Zip

(305) 442-4546
Daytime Telephone number

lperezmedina@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
2016 FEB 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Perez-Medina Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1830 SW 92nd Ave
Miami, FL. 33165

Mailing address, if different is:
PO Box 441794
Miami, FL. 33144-1794

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes

EFFECTIVE DATE
3-1-16

ARTICLE IV SHARES

The number of shares of stock is: 100 shares at "no par value"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Isabel Perez-Medina (President/Director)</u>	Name and Title:	<u>Luis Perez-Medina (Director)</u>
Address	<u>1830 SW 92nd Ave</u> <u>Miami, FL 33165</u>	Address:	<u>1830 SW 92nd Ave</u> <u>Miami, FL 33165</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Luis Perez-Medina

Address: 1830 SW 92nd Ave

Miami, FL 33165

ARTICLE VII INCORPORATOR

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

Name: Isabel Perez-Medina

Address: 1830 SW 92nd Ave

Miami, FL 33165

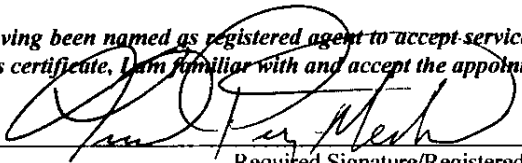
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 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

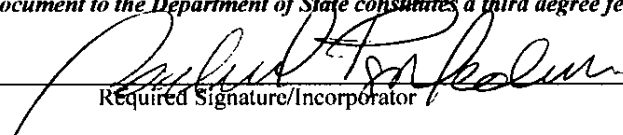


Required Signature/Registered Agent

02/17/2016

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

02/17/2016

Date