

P16000082664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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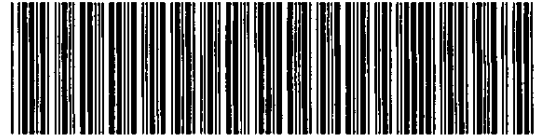
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/12/16

COVER LETTER

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

SUBJECT: BEST INSURANCE ONE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LUIS RAMOS
Name (Printed or typed)

7620 SW 102ND STREET
Address

PINECREST, FL 33156
City, State & Zip

561-929-3528
Daytime Telephone number

LRAMOSBOCA@HOTMAIL.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: BEST INSURANCE ONE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

7620 SW 102ND STREET

PINECREST, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT, RETAIL SALES TO END USERS

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS RAMOS

Name and Title: _____

Address

7620 SW 102ND STREET

Address: _____

PINECREST, FL 33156

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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 RAMOS
Address: 7620 SW 102ND STREET
PINECREST, FL 33156

ARTICLE VII INCORPORATOR

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

Name: LUIS RAMOS
Address: 7620 SW 102ND STREET
PINECREST, FL 33156

2016 OCT 11 PM 2:15

ARTICLE VIII EFFECTIVE DATE:

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

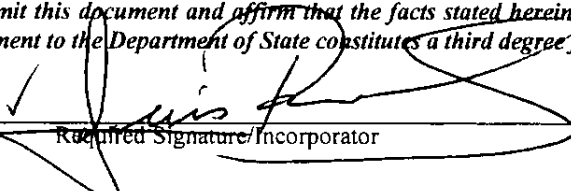
✓ 

Required Signature/Registered Agent

✓ 10-4-2016

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

✓ 10-4-2016

Date