

P16000083389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

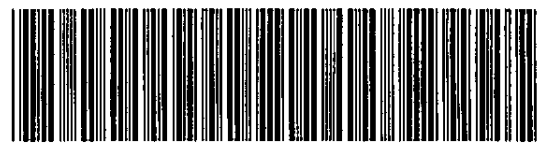
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2016 OCT 14 PM 2:15

EFFECTIVE DATE 10/15/16

10/17/16

COVER LETTER

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

SUBJECT: COSTA FINANCIAL INSURANCE SERVICES 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

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

FROM: ANDREW COSTA
Name (Printed or typed)

1604 SE 45th
Address

Ft Lauderdale, Florida
City, State & Zip

954-701-5665
Daytime Telephone number

A COSTA@COSTAFINANCIAL.NET
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: COSTA Financial Insurance Services CORP,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1604 SE 4th

Ft Lauderdale, Florida 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For helping insurance and mortgage note investments

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREW COSTA PRESIDENT Name and Title:

Address: 1604 SE 4th Address:

Ft Lauderdale, Florida
33301

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: Andrew Costa
Address: 1604 SE 4th
Ft Lauderdale, FL 33301

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ARTICLE VII INCORPORATOR

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

Name: Andrew Costa
Address: 1604 SE 4th
Ft Lauderdale, FL 33301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCT 15 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 Oct 10 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 Oct 12 2016
Date