

P16000083389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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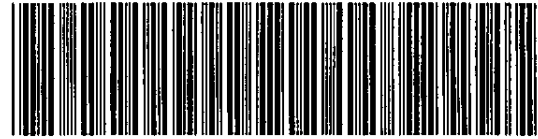
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ANDREW COSTA  
Name (Printed or typed)

1604 SE 45<sup>th</sup>  
Address

Ft Lauderdale, Florida  
City, State & Zip

954-701-5665  
Daytime Telephone number

A COSTA(AT)COSTA Financial.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 4<sup>th</sup>

Ft Lauderdale, Florida 33301

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ANDREW COSTA PRESIDENT Name and Title: \_\_\_\_\_

Address: 1604 SE 4<sup>th</sup> 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 4<sup>th</sup>  
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 4<sup>th</sup>  
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