

# PM000014967

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LMV INSURANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

W17-14176

# ZAD REQUEST

my a/b/a

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607.(Profit)

**ARTICLE I NAME:** The name of the corporation is:

LMV INSURANCE, INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2302 SW 140 PL

MIAMI, FL 33175

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**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

LILIANA M VALDES - PRESIDENT

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LILIANA M VALDES

2302 SW 140 PL

MIAMI, FL 33175

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

LILIANA M VALDES

2302 SW 140 PL


MIAMI, FL 33175

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**Required Signatures:**

**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**

 <hr/> Registered Agent	2-15-2017 <hr/> Date
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**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.**

 <hr/> Incorporator	2-15-2017 <hr/> Date
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TALLAHASSEE, FL 32302

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