

P17050074269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

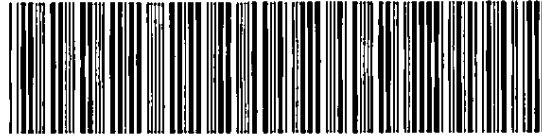
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. All Options Insurance Corp.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

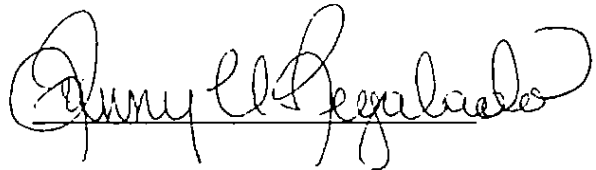
AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, **FANNY U. REGALADO** who after being first duly sworn under oath, deposes and says:

1. He/She undersigned is the **PRESIDENT** of **ALL OPTIONS INSURANCE INC** a Florida corporation, filed with the Florida Department of State on **MARCH 9, 2012**
2. The undersigned hereby consents to and authorizes the use of the name **ALL OPTIONS INSURANCE INC**
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity

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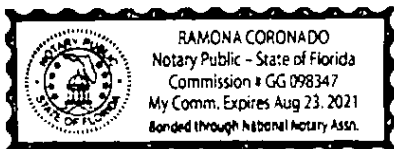
FUTTHER AFFIANT SAYETH NAUGHT



STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

PERSONALLY appeared before me, **FANNY U. REGALADO** who is personally known to me, who being by me first duly sworn, acknowledges that he/she signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 6 day of September, 2017


Notary Public

**ARTICLES OF INCORPORATION
OF
ALL OPTIONS INSURANCE INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

ALL OPTIONS INSURANCE INC

Article II - Principal Office

The principal place of business shall be:

22167 SW 98 COURT
MIAMI, FL 33190

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

Article IV - Purpose

To carry on and engage in any lawful business.

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

FANNY U. REGALADO
22167 SW 98 COURT
MIAMI, FL 33190

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Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

Name	Title	Address	Shares
FANNY U. REGALADO	PRESIDENT SECRETARY	22167 SW 98 COURT MIAMI, FL 33190	80%
CARMEN B. REGALADO	VICE PRESIDENT	22167 SW 98 COURT MIAMI, FL 33190	20%

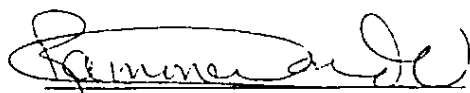
Article VII – Directors

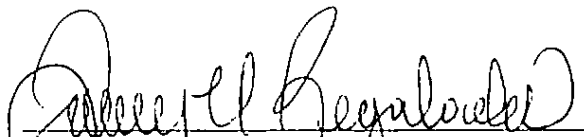
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

6 day of September 2017


WITNESS:


FANNY U. REGALADO

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: **ALL OPTIONS INSURANCE INC**

2. The name and address of the registered agent and office is:

FANNY U. REGALADO
22167 SW 98 COURT
MIAMI, FL 33190

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During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

 (Seal)
FANNY U. REGALADO