

P18000018566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

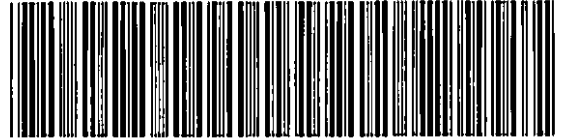
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

make sure to add
FEIN #
please 😊

Office Use Only



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02/27/18--01014--002 **70.00

FILED
2018 FEB 27 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 FEB 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLORIDA Trust Insurance Agency 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 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: Ana J. Hernandez.
Name (Printed or typed)
8200 NW 41 ST. Suite 200
Address
Doral FL 33166
City, State & Zip
305-520-8004
Daytime Telephone number
Ana@accnow.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: FLORIDA TRUST Insurance Agency Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8200 NW 41 ST. #Suite 200

Doral Fl. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS

FEIN# 300147392

↑ Must be on Corp. Papers

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ana J. Hernandez President

Name and Title:

Address

9054 SW 6 ST

Address:

Miami Fl. 33174

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: Cira J. Hernandez

Address: 9054 SW 6 ST
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cira J. Hernandez

Address: 9054 SW 6 ST.
MIAMI FL 33174

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Cira J. Hernandez
Required Signature/Registered Agent

2/27/18
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.

Cira J. Hernandez
Required Signature/Incorporator

2/27/18
Date