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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



D O'KEEFE
MAR 13 2018

COVER LETTER

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

SUBJECT: ZULA INSURANCE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Zulita Delgado
Name (Printed or typed)
1865 Brickell Avenue # A402
Address
Miami, Florida 33129-1627
City, State & Zip
786-351-5675
Daytime Telephone number
zulitadelgado@gmail.com
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: ZULA INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1865 Brickell Avenue # A402

Miami, Florida 33129-1627

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To practice selling health insurance.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zulita Delgado, President

Name and Title: _____

Address 1865 Brickell Avenue # A402

Address: _____

Miami, Florida 33129-1627

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Zulita Delgado
Address: 1865 Brickell Avenue # A402
Miami, Florida 33129-1627

ARTICLE VII INCORPORATOR

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

Name: Zulita Delgado
Address: 1865 Brickell Avenue # A402
Miami, Florida 33129-1627

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

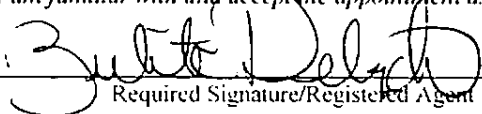
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 1, 2018. (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.)

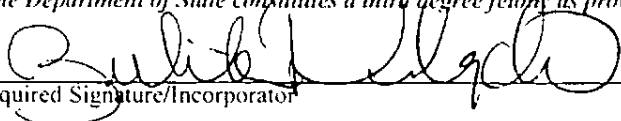
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature/Registered Agent

3-1-18
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.


Required Signature/Incorporator

3-1-18
Date