

P1900053387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

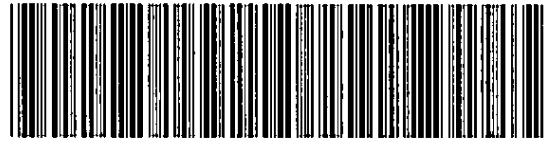
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SECRETARY
TALLAHASSEE, FL

4219-36985



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

ORQUIDEA MARTINEZ
1900 W WATERS AVE
TAMPA, FL 33604

SUBJECT: TOTAL INSURANCE, PA
Ref. Number: W19000036985

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FALLS

We have received your document for TOTAL INSURANCE, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000133178.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 119A00007455

COVER LETTER

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

SUBJECT: Total Insurance, PA

(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: ORQUIDEA MARTINEZ

Name (Printed or typed)

1900 W. Waters Ave

Address

Tampa , FL 33604

City, State & Zip

3052004488

Daytime Telephone number

totalinsurance66@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY
TALLAHASSEE
19 JUL - 8 AM 10:10
FILED

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: Total Insurance Tampa, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1900 W. WATERS AVE, Tampa FL.

33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general nature of the business and businesses to be transacted as fi

To contract , businesses in the industrial of health .life supplementary etc,

to invest, hold, lease, purchase, rent, all types of real and personal property

To acquire , own, purchase or dispose of licenses and permits for the operation of said business. To acquire good will, rights an

Directly and/or through ownership of stock in any corporation, to purchase, lease, hire or otherwise acquire, hold, own, exchang

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares of Common Stock par value \$

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orquidea Martinez

Name and Title: President/CO

Address 1900 W. Waters Ave Tampa, fl 33604

Address: _____

Name and Title: Pedro Arredondo

Name and Title: Marketing Director

Address 1900 W. Waters Ave Tampa, Fl 33604

Address: _____

Name and Title: Luigi Arredondo

Name and Title: Secretary

Address 1900 W. Waters Ave , Tampa fl 33604

Address: _____

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TALLAHASSEE

Name and Title: Sahara Arredondo

Address: 1900 W. Waters ave , tampa fl 33604

Name and Title: Tesory

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Orquidea Martinez

Address: 1900 W. Waters Ave Tampa. fl 33604

ARTICLE VII INCORPORATOR

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

Name: Orquidea Martinez

Address: 1900 W. Waters tampa fl 33604

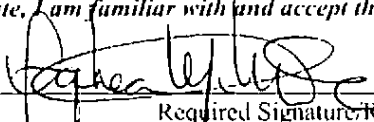
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 24, 2019 (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

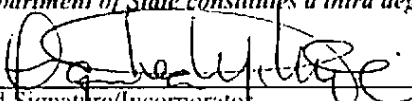


Required Signature/Registered Agent

March 24, 2019

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

March 24 2019

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA