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PICK-UP  WAIT  MAIL

(Business Entity Name)

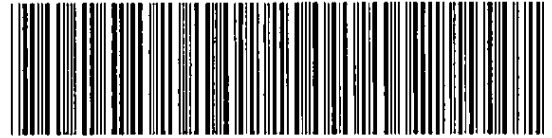
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2019 NOV 20 AM 11:39  
FALL MASS STATE ...



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2019

ALDO MARCHENA  
9907 THREE LAKES CIRCLE  
BOCA RATON, FL 33428 US

SUBJECT: SUZANNE GLORIA BARRON GARCIA MIRO PA  
Ref. Number: W19000101004

We have received your document for SUZANNE GLORIA BARRON GARCIA MIRO PA and your check(s) totaling \$70.00. 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.

Please select a new name and make the correction in all appropriate places. 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 .

P18000101496

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 419A00023598

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REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

W19000.101004

**COVER LETTER**

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

**SUBJECT:** SUZANNE BARRON GARCIA M 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:** ALDO MARCHENA  
\_\_\_\_\_  
Name (Printed or typed)

7050 WEST PALMETTO PARK ROAD, STE #15-300.  
\_\_\_\_\_  
Address

BOCA RATON, FL 33433  
\_\_\_\_\_  
City, State & Zip

305 503 5983  
\_\_\_\_\_  
Daytime Telephone number

OPERATIONS@ACHIEVEGEA.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: SUZANNE BARRON GARCIA M PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9907 THREE LAKES CIRCLE,  
BOCA RATON, FL 33428

Mailing address, if different is:

C/O CORP SVCS INTL  
7050 W PALMETTO PARK RD STE 15-300  
BOCA RATON, FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

INTERNATIONAL INSURANCE BROKERS

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ALLIANCE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FORTUNATA ESPINOZA, PRESIDENT

Name and Title: \_\_\_\_\_

Address

9907 THREE LAKES CIRCLE,  
BOCA RATON, FL 33428

Address: \_\_\_\_\_

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: FORTUNATA ESPINOZA  
 Address: 7050 W PALMETTO PARK ROAD, STE #15-300  
 BOCA RATON, FL 33433

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 SECRETARY OF  
 STATE  
 TALLAHASSEE, FL 32399

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALDO MARCHENA  
 Address: 9907 THREE LAKES CIRCLE  
 BOCA RATON, FL 33428

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent  
 NOV 14, 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  
 NOV 14, 2019  
 \_\_\_\_\_  
 Date