

From:

07/01/2021 11:17

#071 P.001

P2100061597

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000256081 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC
Account Number : I20210000090
Phone : (305)529-5440
Fax Number : (305)529-5441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lpacho@gemrtcpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Coverage Insurance Agency, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
21 JUL -1 AM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FOR
RECORD
7-2-21

COVER LETTER

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

SUBJECT: Coverage 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: Lendy Pacheco
Name (Printed or typed)
2600 S. Douglas Rd. Ste 800
Address
Coral Gables, FL 33134
City, State & Zip
(305) 529-5440
Daytime Telephone number
lpacheco@gemrtcpa.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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 NAMEThe name of the corporation shall be: Coverage Insurance Agency, Inc.ARTICLE II PRINCIPAL OFFICEPrincipal street address
17134 NW 87th place
Hialeah, FL 33018Mailing address, if different is:
17134 NW 87th place
Hialeah, FL 33018ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Maylin Placeres-Perera, PresidentAddress 17134 NW 87th place Address:
Hialeah, FL 33018

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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21 JUL - 1 AM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maylin Placeres-Perera
 Address: 17134 NW 87th Place
Hialeah, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maylin Placeres-Perera
 Address: 17134 NW 87th Place
Hialeah, FL 33018


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 TALLAHASSEE, FLORIDA

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.)

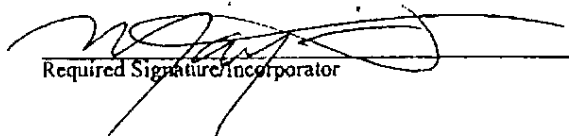
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation 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

6/25/2021

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

6/25/2021

Date