

31-Mar-2022 13:38

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Florida Department of State
Division of Corporations
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To:

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

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I20200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AT EASE INSURANCE AGENCY INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: AT EASE 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 ☒ \$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: MELBA C SOLANO

Name (Printed or typed)

11819 SW 8TH ST

Address

PEMBROKE PINES FL 33025

City, State & Zip

(954) 551-5413

Daytime Telephone number

ATEASEINS@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

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STATE
OF FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AT EASE INSURANCE AGENCY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address8058 W MCNAB RD
TAMARAC FL 33321

Mailing address, if different is:

11819 SW 8TH ST
PEMBROKE PINES FL 33025**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: INSURANCE AGENCY**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MELBA C SOLANO PRESIDENT Name and Title: _____Address 11819 SW 8TH ST Address: _____
PEMBROKE PINES FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
DADE COUNTY, 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: MELBA C SOLANO
Address: 11819 SW 8TH ST
PEMBROKE PINES FL 33025

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: MELBA C SOLANO
Address: 11819 SW 8TH ST
PEMBROKE PINES FL 33025

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

03/31/2022
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

03/31/2022
Date

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