

6/2/22, 9:53 AM

P220000051752

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

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

Email Address: wftaxes.more@gmail.com

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2022 JUN 24 AM 10:17

FLORIDA
COMMERCIAL
CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION J&B AGENCY INC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: TREASURE COAST INSURANCE SERVICES 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: BRIAN PERALTA
Name (Printed or typed)
9536 SW OTTER LANE
Address
STUART, FL 34997
City, State & Zip
561-215-2889
Daytime Telephone number
WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2022 JUN 24 PM 1:30
Tallahassee, FL

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: TREASURE COAST INSURANCE SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
9536 SW OTTER LANE
STUART, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN PERALTA PRESIDENT

Name and Title: _____

Address 9536 SW OTTER LANE

Address: _____

STUART, FL 34997

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 JUN 24 PM 1:30
WALTER PERALTA
STUART, FL

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: BRIAN PERALTA
 Address: 9536 SW OTTER LANE
STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ
 Address: 508 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

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
 Date 05/31/2022

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.

Walter Gomez
 Required Signature/Incorporator
 Date 05/31/2022

850-617-6381

6/23/2022 6:11:18 PM PAGE 1/001 Fax Server



June 23, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WF AXES AND MORE

SUBJECT: TREASURE COAST INSURANCE SERVICES LLC
REF: W22000084270

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LLC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Hyacinth LeBlanc
Regulatory Specialist II

FAX Aud. #: H22000192848
Letter Number: 622A00014008

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