

P22000054236

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000211879 3)))



H220002118793ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : 2D CONSULTING ENTERPRISE LLC
Account Number : I20220000099
Phone : (904)382-0889
Fax Number : (321)296-7174

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
PINEDA INSURANCE CORP

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

RECEIVED

2022 JUL -7 AM 9:47

CLERK OF STATE
TALLAHASSEE, FLORIDA

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JUL -7 AM 9:04

FILED

COVER LETTER

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

SUBJECT: PINEDA INSURANCE CORP
(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: FLOR LOZANO DUGGER
Name (Printed or typed)
241 HAMMOCK OAK CIRCLE
Address
Debary , Florida 32713
City, State & Zip
904-382-0889
Daytime Telephone number
2dconsultingenterprise@gmail.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 PINEDA INSURANCE CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

607 PRESERVE POINT BLVD

DAVENPORT FL 33837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE COMPANY IS ORGANIZED TO DO BUSINESS SELLING INSURANCE POLICES

AND ANY OTHER LEGAL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MARYORIE PINEDA VELASCO/ PRESIDENT
Name and Title: _____

Name and Title: _____

Address 607 PRESERVE POINT BLVD

Address: _____

DAVENPORT, FL 33837

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2022 JUL -7 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: MARYORIE PINEDA VELASCO
Address: 607 PRESERVE POINT BLVD
DAVENPORT, FL 33837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARYORIE PINEDA VELASCO
Address: 607 PRESERVE POINT BLVD
DAVENPORT, FL 33837

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SECRETARY OF STATE
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:

Maryorie Pineda Velasco 06/17/2022
Required Signature/Registered Agent 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.

Maryorie Pineda Velasco 06/17/2022
Required Signature/Incorporator Date

From FLOR LOZANO DUGGER 1.321:296.7174 Wed Jul 6 20:56:20 2022 UTC Page 7 of 8
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June 22, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2D CONSULTING ENTERPRISE LLC

SUBJECT: PINEDA INSURANCE CORP
REF: W22000084513

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

ROUND COVER SHEET. PLEASE INCLUDE COVER SHEET H22000211879,

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

Eyacinth LeBlanc
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000214021
Letter Number: 222A00014088

From FLOR LOZANO DUGGER 1.321:296.7174 Wed Jul 6 20:56:20 2022 UTC Page 8 of 8
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June 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2D CONSULTING ENTERPRISE LLC

SUBJECT: PINEDA INSURANCE CORP
REF: W22000083920

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

Hyacinth LeBlanc
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000211879
Letter Number: 422A00013921