

P23000041550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

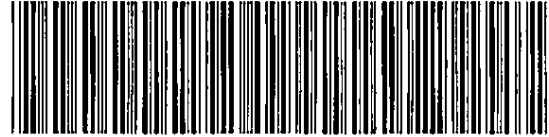
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000408391440

S. CHATHAM
MAY 31 2023

2023 MAY 30 AM 8:47

FILED

RECEIVED
2023 MAY 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2023

CAPITAL CONNECTION, INC.

SUBJECT: ELITE FINANCIAL INSURANCE PARTERS INC.
Ref. Number: W23000075739

We have received your document for ELITE FINANCIAL INSURANCE PARTERS INC.. However, the document has not been filed and is being returned for the following:

Did you mean "Partners"?,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 923A00012184

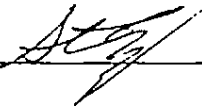
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Elite Financial Insurance Partners Inc.

Please Debit 120000000257 For: 70

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH

05/23

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

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

Elite Financial Insurance Partners Inc.

SUBJECT: _____
(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

Sebastian DiNucci
FROM: _____
 Name (Printed or typed)
2400 NE 65th ST #235
 Address
Ft Lauderdale, FL, 33308
 City, State & Zip
954-451-6476
 Daytime Telephone number
Dinuocihealth@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

Elite Financial Insurance Partners Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16703 EARLY RISER AVE

LAND O LAKES FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health and Life Insurance Sales and Services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sebastian DiNucci President

Name and Title:

Address 2400 NE 65TH ST #235

Address:

Ft. Lauderdale FL 33308

Name and Title: Richard Danilo Atenza V.P.

Name and Title:

Address 3883 Night Star Trail

Address:

Odessa FL 33556

Name and Title: Kyle Capparelli V.P.

Name and Title:

Address 12100 GAVIN LANE

Address:

Odessa FL 33556

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SECRET

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: Sebastian DiNucci

Address: 2400 NE 65TH ST

Ft. Lauderdale FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sebastian DiNucci

Address: 2400 NE 65TH ST

Ft. Lauderdale FL 33308

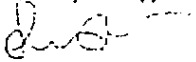
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/24/2023 (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.

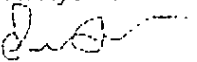


Required Signature/Registered Agent

05/24/2023

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

05/24/2023

Date

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2023 MAY 30 AM 8:47
CLERK OF DISTRICT COURT
JULIA STONE