

P09000020098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

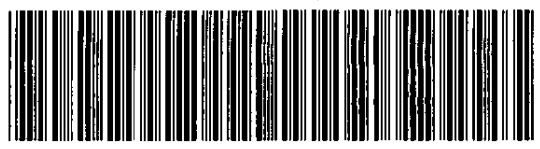
(Document Number)

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Special Instructions to Filing Officer:  
  
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*[Handwritten Signature]* 3/4



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2009 MAR -3 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DEPARTMENT OF STATE  
09 MAR -3 AM 11:16

February 24, 2009

SHARON DEL VALLE  
7950 NW 155 STREET  
SUITE 205  
MIAMI LAKES, FL 33016

SUBJECT: DEL VALLE INSURANCE AGENCY, INC.  
Ref. Number: W09000008843

We have received your document for DEL VALLE INSURANCE AGENCY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 709A00006493

**COVER LETTER**

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

**SUBJECT:** del Valle 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: Sharon del Valle  
Name (Printed or typed)

7950 NW 155 Street, Suite 205  
Address

Miami Lakes, FL 33016  
City, State & Zip

305-822-1266 x-1  
Daytime Telephone number

**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:

del Valle Insurance Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Agency

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Sharon del Valle, President 7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sharon del Valle 7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sharon del Valle 7950 NW 155 Street, Suite 205 Miami Lakes, FL 33016

\*\*\*\*\*

*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*

Sharon del Valle

Signature/Registered Agent

2/27/2009

Date

Sharon del Valle

Signature/Incorporator

2/27/2009

Date

2009 MAR -3 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED