

AL500094352

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CONTINENTAL INSURANCE ADVISORS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 NOV 23 AM 7:21
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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME CONTINENTAL INSURANCE ADVISORS CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 25 WEST FLAGLER STREET STE 1010
MIAMI FL 33131
Mailing address, if different is: 25 WEST FLAGLER STREET STE 1010
MIAMI FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: INSURANCE BROKERS.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO A. METRAL Name and Title: MAURICIO A HERNANDEZ A
Address: PRESIDENT (75%) Address: VICE-PRESIDENT (15%)
3020 SW 111 AVE
MIAMI FL 33135 3020 SW 111 AVE
MIAMI FL 33131

Name and Title: JOSE ANGEL HERNANDEZ ESPINOZA
Address: TREASURER (10%)
3030 SW 111 AVE
MIAMI FL 33135

Name and Title:
Address:

Name and Title:
Address:

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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: RICARDO A. METRAL

Address: 3020 SW 111 AVENUE
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICARDO A METRAL

Address: 3020 SW 111 AVENUE
MIAMI, FL 33135

ARTICLE VIII EFFECTIVE DATE:

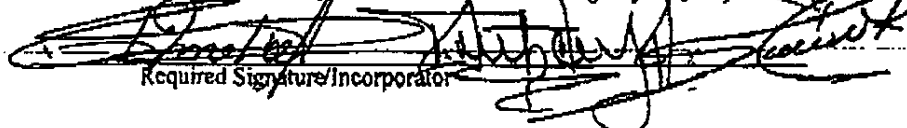
Effective date, if other than the date of filing: 11/23/2015 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 11/23/2015
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 287.155, F.S.

 _____ 11/23/2015
Required Signature/Incorporator Date

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