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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
ADVISORS REINA'S INSURANCE CORP.

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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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: ADVISORS REINA'S INSURANCE CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 8409 SW 208TH TER, CUTLER BAY, FL 33189
Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTS AND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY AND ALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS MIGHT DO:

- 1) TRANSACT ANY AND ALL LAWFUL BUSINESS
2) SAID CORPORATION SHALL FURTHER HAVE POWERS TO HAVE PERPETUAL SUCCESSION BY IT'S CORPORATE NAME "ADVISORS REINA'S INSURANCE CORP"

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIANA REINA DP/VP
Address: 8409 SW 208TH TER, CUTLER BAY, FL 33189

Name and Title: ADRIANA REINA DRA
Address: 8409 SW 208TH TER, CUTLER BAY, FL 33189

Name and Title:
Address:

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: ADRIANA REINA
 Address: 8409 SW 208TH TER
CUTLER BAY, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIANA REINA
 Address: 8409 SW 208TH TER
CUTLER BAY, FL 33189

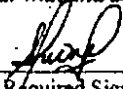
ARTICLE VIII EFFECTIVE DATE:

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.

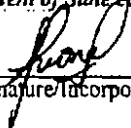
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent 09/22/2020

 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 09/22/2020

 Date