

P 22000073016

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.

(((H22000326948 3)))



H220003269483ABC3

**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 : RASI  
Account Number : 120220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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**

**FOHI Corp**

Certificate of Status	<b>0</b>
Certified Copy	<b>0</b>
Page Count	<b>02</b>
Estimated Charge	<b>\$70.00</b>

2022 SEP 21 PM 12:20

2022 SEP 21 AM 11:56

RECEIVED

**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: FOH1 Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
50 SE 5th Street  
Boca Raton, FL 33432

Mailing address, if different is:  
50 SE 5th Street  
Boca Raton, FL 33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance Broker

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title:	<u>Anthony Fazio/Director</u>	Name and Title:	_____
Address:	<u>50 SE 5th Street</u>	Address:	_____
	<u>Boca Raton, FL 33432</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

2022 SEP 21 AM 11:56  
STATE OF FLORIDA  
CORPORATION

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: Anthony Fazio  
 Address: 50 SE 5th Street  
Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Anthony Fazio  
 Address: 50 SE 5th Street  
Boca Raton, FL 33432

**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 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.

\_\_\_\_\_  
 Required Signature/Registered Agent 9/20/22  
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.817.135, F.S.

\_\_\_\_\_  
 Required Signature/Incorporator 9/20/22  
Date

SEP 21 AM 11:56  
 DEPARTMENT OF STATE  
 ARTIFICIAL INTELLIGENCE