

P22000090139

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.

((H22000411133 3))



H220004111333ABCR

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 IDEAL INSURANCE ADVISORS INC.

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

2022 DEC 6 PM 4:48

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Ideal Insurance Advisors Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2145 RESTON CIR

ROYAL PALM BEACH, FLORIDA 33411

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

IVETTE LOPEZ (P)

12/13/19

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

IVETTE LOPEZ

2145 RESTON CIR

ROYAL PALM BEACH, FLORIDA 33411

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

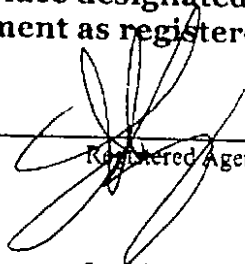
IVETTE LOPEZ

2145 RESTON CIR

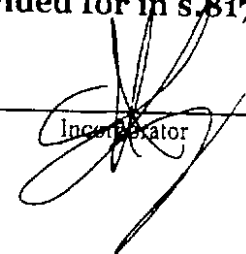
ROYAL PALM BEACH, FLORIDA 33411

Required Signatures:

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


 _____ 12/05/2022
 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 s. 817.155, F.S.


 _____ 12/05/2022
 Incorporator Date

3/13/13