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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Phone 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.

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FLORIDA PROFIT/NON PROFIT CORPORATION **DELUXE INSURANCE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
DELUXE INSURANCE IN
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 9420 SW 11 S+ MiAMi FL 33174
MiAMi FL 33174
ARTICLE IU SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
JORGE LORENZO (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: $TORGE LORENZO$
9420 SW 11 ST MIAMI FL 33174
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
JORGE LORENZO 9420 SW 11 ST MIAMI FL 33174
9420 SW 11 ST
MIAMI FL 33174

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

Registered Agent O1-26/23

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 \$.817.155, F.S.