

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**DISCO0058701**

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Division of Corporations  
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FLORIDA

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Email Address: \_\_\_\_\_

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
INSURANCE DOCTOR OF FLORIDA CORP.**

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

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

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**ARTICLE I NAME:** The name of the corporation is

Insurance Doctor of Florida Corp.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1414 NW 107th AVE suite 402  
Doral FL 33172

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Calvo, Jose Adrian (P)  
Herrera Iglesias, Janet (VP)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Calvo, Jose Adrian  
1414 NW 107th AVE suite 402  
Doral, FL 33172

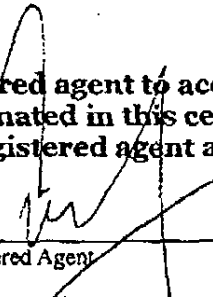
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Calvo, Jose Adrian  
1414 NW 107th AVE suite 402  
Doral, FL 33172

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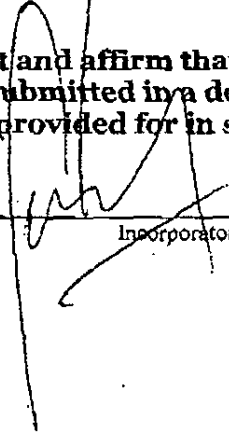
**Required Signatures:**

**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

7/14/15  
 \_\_\_\_\_  
 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.**

  
 \_\_\_\_\_  
 Incorporator

7/14/15  
 \_\_\_\_\_  
 Date

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