POODOO 48430

OO MAY 11 PM 12: 13
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

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	(FROFOSED CORFORA)	E NAME - MOST INCL	DDE SUFFIX)
اسيعيد			
Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIO			PY REQUIRED
FROM:	CHRISTOPHE Name (Pr	inted or typed)	Nomo
	17911 8.W	B7 F.	
·	MIAM -	FL 331	77
	(786) 348	8 - 1168	

NOTE: Please provide the original and one copy of the articles.

W +27/8/00/

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: CHASE INSURANCE GROUP AND SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 176 11 Sile 1 37 0 5 M. OAA.

The principal place of business/mailing address is: [7911 S.W 137 CF MAM] TL 33177.

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TROVIDE INSURANCE
SERVICES (RODUCTS)

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

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es): CHRISTOPHER. O. OJOMON, PRESIDENT,
CEO; OSOSE AMANDA OJOMON; VICE-PRESIDENT.

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is: CHRUSTO PHER O. DIOMON 17911 S.W. 137 Ct., M.A.M., FL B3177

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: CHRISTOPHER . O. OJOMON

Manu, H 33177

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

Signature Registered Agent

Signature/Incorporator

4/21/00

Date

4/21/00