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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. Burch AUG 2.00000

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TRANSMITTAL LETTER

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

SUBJECT:	LRM INSURANCE SE	·		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	- , <u>-</u>
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
∠ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CC	OF T REQUIRED	
FROM:		(SERVICES, INC e (Printed or typed)	 .	n eeroge
	937 (0)	NGDALE AVE		
		Address		· solds , e.g
		OOD, FL 32750 , State & Zip		gr Stant Mark
		835-9845		
	Daytime '	l'elephone number	•	*** . * =

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

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:	• •	
The hame of the corporation shall be:		
LRM INSURANCE SERVICES, INC	TAS 28	
ARTICLE II PRINCIPAL OFFICE	ECR	
The principal place of business/mailing address is:		77
491 WELLESLY ST	29 SSE	
OVIEDO, FL 32765		Π
ARTICLE III PURPOSE	FLOR	J
The purpose for which the corporation is organized is:		
ANY AND ALL LAWFUL BUSINESS.	<u>-</u> ω	
ARTICLE IV SHARES The number of shares of stock is: 100 - ONE HUNDRED ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LUIS R. MARTINEZ - PRESIDENT 491 WELLESLY ST OVIEDO, FL 32765		ž.
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re LUIS R. MARTINEZ 491 WELLESLY ST OVIEDO, FL 32765	egistered agent is:	- `a
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
LUIS R. MARTINEZ		
491 WELLESLY ST OVIEDO, FL 32765		

Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	l corporation at the place designated in this	
Aline 1	. 8/21/2008	
Signature/Registered Agent	Date	1
Orbitation of Collinear Frank	Duit	

Signature/Indorporator

8/21/2006 Date