

712000054491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800236222878

06/15/12--01015--001 \*\*70.00

FILED  
2012 JUN 15 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 18 2012

## COVER LETTER

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

**SUBJECT: ANDOR Reinsurance Company**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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  
**ADDITIONAL COPY REQUIRED**

FROM: David Kaplon

Name (Printed or typed)

60 Edgewater Drive

Address

Coral Gables, Florida 33133

City, State & Zip

305-588-0022

Daytime Telephone number

djkaplon@aol.com

E-mail address: (to be used for future annual report notification)

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

2012 JUN 15 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

**ANDOR Reinsurance Company**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

60 Edgewater Drive  
Coral Gables, Florida 33133

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide services relating to the acquisition of (re)insurance companies.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Kaplon

Address: CEO

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David Kaplon

Address: 60 Edgewater Drive

Coral Gables, Florida 33133

**ARTICLE VII INCORPORATOR**

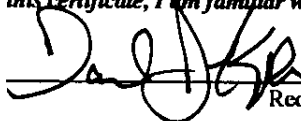
The name and address of the Incorporator is:

Name: David Kaplon

Address: 60 Edgewater Drive

Coral Gables, Florida 33133

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

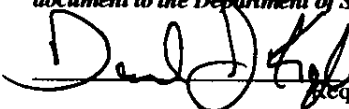


Required Signature/Registered Agent

June 11, 2012

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.



Required Signature/Incorporator

June 11, 2012

Date

FILED  
2012 JUN 15 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA