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TARRY OF STATE SECRETARY OF STATE



COVER LETTER

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

	Isurance. A	loency Inc.
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	JAE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
Dalm Beach City, S (954) 594-2291 Daytime Te	(Printed or typed) LUd. #43 ddress State & Zip elephone number CO D Mail. COV.	3341D

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)

RTICLE 1 NAME he name of the corporation shall	be: HIM 1	nsurance H	gency I	nc.	
SSS PGA Blud	OFFICE I street address H43 Less, F1 7340		Mailing address, if	different is:	
RTICLE III PURPOSE ne purpose for which the corpo	ration is organized is:	ofasional	Corporal	r.\dag	
				13 MAR 25 PM 5: 35 SECRETARY OF STATE TALLAHASSEE FLORIDA	
RTICLE IV SHARES e number of shares of stock is: RTICLE V INITIAL OF Name and Title: TICL Address	FICERS AND/OR DIRE		Rosewy le	eynos/Sec	ve for
Name and Title:		Name and Titie:			

FILED

Name and Title;	Name and 11t:	13 MAR 25 PM 5: 35
Address	Aaaress.	
		SECRETARY OF STATE TALLAHASSEE FLORIDA
		WILLWINASSEE FLUKIUA
		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable	le) of the registered ag	gent 16.
Name: From Ganos D		
value.		
Address: 3227 33"C+		
Junter 81 73477		
Styles + 11 3.3 1/1		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Same as above		
Address: Frica Panix O		
Address: <u>Unita Kaniso</u>		マリフラ
327 379 CH 70	piter, F1 33	24 / /
	,	
Having been named as registered agent to accept service of pro	ocess for the above si	tated corporation at the place designated in
this certificate, I am familiar with and accept the appointment a	s registered agent an	d agree to act in this capacity
/2 · N		3/19/13
Required Signature/Registered Agent		, <u>-311113</u>
		Duc
I submit this document and affirm that the facts stated herein	are true. I am awar	re that the false information submitted in a
document to the Department of State constitutes a third degree	felony as provided fol	r in s.817.133, P.S
Tallea Me and		3/19/13
Required Signature/Incorporator		Date
_		