

(((H14000129647 3)))



H140001298473ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number: I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION FLA ADVISORS OF HEALTH INSURANCE INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H] 4U U U I L 3U 4 14

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

FLA Advisors of Health Insurance

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4045 Shoridan Ave-340 Miami FL 33140

<u> ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1D O

ARTICLES IV - INITIAL REGISTE<u>RED AGEN</u>T AND STREET

The name and address of the initial registered agent is:

Magdelere Abreu ... 4045 Steridau Aie-340 MIGM FC 33/40

H14000129647

H140001296474

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Daniel Reboso 4045 Sheridan -340 Miami FL 33140	14 JUN -4	The part of the pa
The undersigned incorporator has executed these Articles of Incorporation this day of	PM 12: 02	

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Daniel Reboso - President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature