

JUL/21/2014 MON 05:17

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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
VECINO INSURANCE INC.

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

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TALLAHASSEE, FL 32399

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07/21/2014

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

VECINO INSURANCE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

9935 SW 132 CT

MIAMI, FL 33186

Mailing address, if different is:

9935 SW 132 CT

MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUISNESS

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALEXANDER GEORGE LEON (P/D)**

Address: **9935 SW 132 CT**
MIAMI, FL 33186

Name and Title:

Address:

Name and Title: **JONNATHAN L. ESQUIJAROSA (P/D)**

Address: **7866 SW 5th STREET**
MIAMI, FL 33144

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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(cont.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ALEXANDER GEORGE LEON
Address: 9935 SW 132 CT
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDER GEORGE LEON JONNATHAN L. ESQUIJAROSA
Address: 9935 SW 132 CT.
MIAMI, FL 33186

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

JULY 21, 2014

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

JULY 21, 2014

Date