Division of Corporations Electronic Filing Cover Sheet

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(((H14000264589 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number

: (305)675-5944

**Enter	the	email	address	for	this	busine	25	entity	to	be	used	for	future
aı	nnual	repor	t mailin	gs.	Enter	only o	one	email	add	res:	s ple	ase.	**

Email	Address:	•		

FLORIDA PROFIT/NON PROFIT CORPORATION SEBANDA INSURANCE II CORP.

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

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Main

09/24/2032 05:58

In compliance with Chapter 607 (Profit)

14 NOV 13 PH 1:

	In compliance with Chapter 607 (Profit)	14 NOV 13 PH 1:
ARTIC	LEI NAME: The name of the corpora	SECRETARY OF SALE
Sebanda	Insurance II	Corp.
	ARTICLE II PRINCIPAL OFFICE;	•
100	principal street address and mailing address	ss is:
	1AM1 FL 33130	
ARTICLE III SH	ARES: The number of shares of stock is:	100
Jose	Mojena (P) M. Flernander	
ARTICLE V IN	TTIAL REGISTERED AGENT AND ST	TREET ADDRESS:
	street address (PO Box not acceptable) of	
Ya	imi Mojena	
_	03 SW \$ ST	
M	1AM1 FL 33130	
	ICORPORATOR: The name and address	
	ose M. Hernande	2 <u> </u>
	03 SW 8 ST	
M	1AMI FL 33130	•

H14000264589

Required Signatures:

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

Registered Agent

11/13/2014 pate

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.

Incorporator

Date