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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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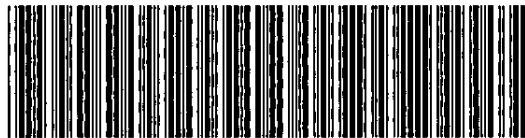
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAY 12 AM 10:34  
STATE OF NEW YORK  
TALLMAN COUNTY CLERK

## TRANSMITTAL LETTER

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

SUBJECT: JUDIT INSURANCE & FINANCIAL SERVICES, INC.  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Judit Loczi, Registered Agent  
Name (Printed or typed)

3499 Oaks Way Suite 1003  
Address

Pompano Beach , Florida 33069  
City, State & Zip

954-702-9196  
Daytime Telephone number

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

## Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

### FIRST

The name of the corporation is: **JUDIT INSURANCE & FINANCIAL SERVICES, INC.**

### SECOND

The period of its duration is Indefinite.

### THIRD

The purpose of the corporation is: Insurance and All types of Financial Services

### FOURTH

The aggregate number of authorized shares is 1,000 shares Par-Value \$1.00

### FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

### SIXTH

Cumulative Voting of shares of stock are authorized.

### SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

### EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

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15 MAY 12 AM 10:34  
TALLAHASSEE, FLORIDA

#### **NINTH**

The address of the initial Registered Office of the corporation is:  
3499 Oaks Way Suite 1003 Pompano Beach, Florida 33069  
and the name of it's initial Registered Agent at such address is:  
Judit Loczi

#### **TENTH**

Address of the principal place of business is:  
1819 N. University Drive Coral Springs, Florida 33071

#### **ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is Three, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

Judit Loczi, Dir., CEO//Pres.

3499 Oaks Way Suite 1003 Pompano Beach, Florida 33069

#### **TWELFTH**

The name and address of each incorporator is:

NAME

ADDRESS

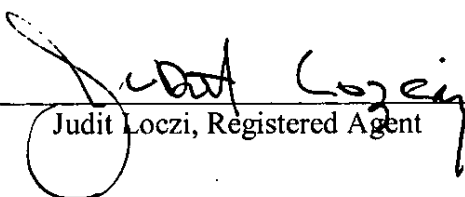
Judit Loczi, Dir., CEO//Pres.

3499 Oaks Way Suite 1003 Pompano Beach, Florida 33069

Date: April 22th, 2015

  
Judit Loczi, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the 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 relating to the proper and complete performance of my duties, my position as Registered Agent.

  
Judit Loczi, Registered Agent

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15 MAY 12 AM 10:34  
SECRETARY OF STATE  
JALM