

15000087915

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000256010 3)))



H150002560103ABCU

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, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944**

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ICON INSURANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

15 OCT 26 AM 7:11

15 OCT 26 AM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H15000256010

ARTICLES OF INCORPORATION

OF

ICON INSURANCE, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida; and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

ICON INSURANCE, INC.

ARTICLE II

The corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to any and all things, as fully and to the same extent as natural persons might do.

15 OCT 26 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000256010

H15000256010

Transact any all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

ICON INSURANCE, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US 10.00. Unless otherwise stated in these articles, or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the Initial Registered Agent and Registered Office of this corporation shall be:

MYRENE DIAZ-GUZMAN
7350 SW 11 ST
MIAMI, FL 33144

The principal place of business and mailing address of the Corporation shall be:

7350 SW 11 ST
MIAMI, FL 33144

H15000256010

H15000256010

ARTICLE VI

The initial Board of Director of the Corporation and Shareholder of the

Corporation shall be composed of ONE (1) people whose name and address is:

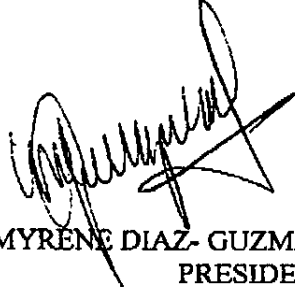
MYRENE DIAZ-GUZMAN PRESIDENT 100% SHAREHOLDER
7350 SW 11 ST
MIAMI, FL33144

The name and the address of the incorporator executing these Articles

Of Incorporation is:

MYRENE DIAZ-GUZMAN
7350 SW 11 ST
MIAMI, FL 33144

The incorporator has executed these Articles of Incorporation this
12th of September of 2015 that are signed below in witness of all the above.


MYRENE DIAZ- GUZMAN
PRESIDENT

H15000256010

H15000256010

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is:

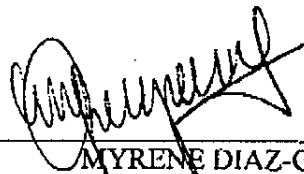
ICON INSURANCE, INC.

2. The name and address of the Registered Agent and office is:

MYRENE DIAZ-GUZMAN
7350 SW 11 ST
MIAMI, FL 33144

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE IS PROCESS FOR THE ABOVE STATED CORPORATION A THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _____



MYRENE DIAZ-GUZMAN

Date: _____

10-26-15

H15000256010