

**P16000062180**

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.**

((H16000180560 3)))



H160001805603ABC.

**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 : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

**\*\*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  
REALCOVER INSURANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

16 JUL 27 PM 3:13

FILED  
TALLAHASSEE, FLORIDA

16 JUL 27 AM 7:11

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H160001805603

ARTICLES OF INCORPORATION

OF

**REALCOVER INSURANCE , INC.**

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

ARTICLE I

The name of this corporation shall be:

**REALCOVER INSURANCE , INC.**

ARTICLE II

This 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 purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate  
name:

**REALCOVER INSURANCE , INC.**

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 27 AM 7:11

CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

H160 001805603

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**RAISA ARMAS MORAN**  
**29 FLAGAMI BLVD.**  
**MIAMI, FL 33144**

The principal office shall be:

**29 FLAGAMI BLVD.**  
**MIAMI, FL 33144**

The mailing address shall be:

**29 FLAGAMI BLVD.**  
**MIAMI, FL 33144**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 27 AM 7:11

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO(2)** persons, and the name and address of the persons who are to serve as initial directors are:

**RAISA ARMAS MORAN**  
**29 FLAGAMI BLVD.**  
**MIAMI, FL 33144**

**PRESIDENT**

**AGUSTIN MESA LUIS**  
**29 FLAGAMI BLVD.**  
**MIAMI, FL 33144**

**VICEPRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is

**RAISA ARMAS MORAN**  
**29 FLAGAMI BLVD.**  
**MIAMI, FL 33144**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this July 27, 2016

X   
**RAISA ARMAS MORAN**

**CLARA GIRALDO P.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

H/160.001785603

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws 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:

**REALCOVER INSURANCE , INC.**

2. The Name and Address of the registered agent and office is:

**RAISA ARMAS MORAN  
29 FLAGAMI BLVD.  
MIAMI, FL 33144**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 27 AM 7:11

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE 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. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

  
Dated: July 27, 2016

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**