

PI16000072855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FRIENDS INSURANCE CORP**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Friends INSURANCE Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3513 SW 90 AVE Apt 1
MIAMI FL 33143**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JUAN M. LORENZO CORDERO
(PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

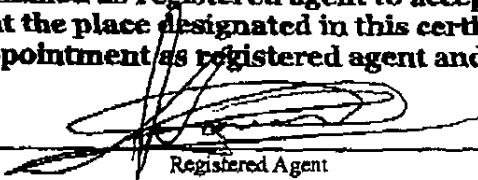
JUAN M. LORENZO CORDERO
3513 SW 90 AVE Apt 1
MIAMI FL 33143**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JUAN M. LORENZO CORDERO
3513 SW 90 AVE Apt 1
MIAMI FL 33143

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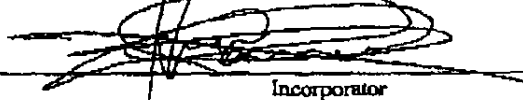
Required Signatures:

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 in this capacity



Registered Agent 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.



Incorporator Date

SEP 15 2016
15 SEP - 5 AM 9:37
TALLAHASSEE, FLORIDA

SEP 15 2016
15 SEP 20 AM 9:37
TALLAHASSEE, FLORIDA

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