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Florida Department of State
Division of Corporations
Electronic Filing Sheet

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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
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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
J&Y INSURANCE AGENCY 3 INC

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

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16 OCT 21 PM 4:33
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10/24/16

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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:

J & Y INSURANCE agency 3 INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4040 SW 116 AVE
Miami, FL, 33165

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ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lily R HERRERA (P)
DAGOBERTO RICARDO GARCIA (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Dagoberto Ricardo Garcia
4040 SW 116 AVE
Miami FL 33165

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:


Dagoberto Ricardo Garcia
4040 SW 116 AVE
Miami FL 33165

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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

10-21-16

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

10-21-16

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