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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
Phone : (800) 342-9836  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
C.A.F. INSURANCE SOLUTIONS INC.**

Certificate of Status	0
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Nov. 16. 2016 10:28AM

(GERALD WEINGERG)

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No. 1963 P. 2

ARTICLES OF INCORPORATION

16 NOV 16 AM 9:20

C.A.F. INSURANCE SOLUTIONS INC.

FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation is C.A.F. INSURANCE SOLUTIONS INC.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: Two Hundred, (200), all of which shall be without par value.

ARTICLE IV TERMS OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until his successor is elected, is:

Thomas Gaetano Folise  
30 Golf Terrace Drive  
Apartment 108  
Winter Springs, Florida 32708

ARTICLE VI PRINCIPAL MAILING ADDRESS

The principal mailing address of the corporation shall be:

30 Golf Terrace Drive  
Apartment 108  
Winter Springs, Florida 32708

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Nov. 16. 2016 10:29AM

GERALD WEINGERY

CT#160002825333

No. 1963 P. 3

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

Lawrence A. Kirsch  
90 State Street  
Albany, New York 12207

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 15th day of November, 2016.

Lawrence A. Kirsch  
LAWRENCE A. KIRSCH

CT#160002825333

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

Pursuant to the provisions of Section 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:

C. A. F. Insurance Solutions Inc.

2. The name and address of the registered agent and office is:

Thomas Gaetano Folise  
(Name)

30 Golf Terrace Drive Apt. 108  
(P.O. Box NOT acceptable)

Winter Springs, FL. 32708  
(City/State/Zip)

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]  
Signature

11/14/16  
Date