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Florida Department of State
Division of Corporations
Filing Office

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

17 JAN -5 AM 9:24
STATE
OFFICE, FLORIDA

APPROVED
AND
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

One Plus Insurance, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

JAN 06 2017

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: One Plus Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1931 NW 150th Avenue

1512 NW 133 Avenue

Pembroke Pines, FL 33028

Pembroke Pines, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property & Casualty Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodrigo Insignares - President

Name and Title: _____

Address 1931 NW 150th Avenue

Address: _____

Pembroke Pines, FL 33028

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 JAN -5 AM 9:24
CLERK OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rodrigo Insignares
Address: 1931 NW 150th Avenue
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rodrigo Insignares
Address: 1931 NW 150th Avenue
Pembroke Pines, FL 33028


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

1/5/2017

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.


Required Signature/Incorporator

1/5/2017

Date