

P 17000018299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

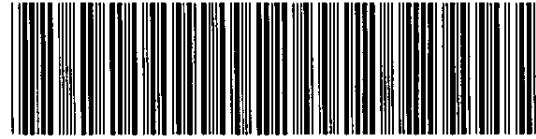
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 FEB 28 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/28/17--01015--001 \*157.50

RECEIVED  
2017 FEB 28 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAR -1 2017



1000 Ponce de Leon Blvd. Suite: 105  
 Coral Gables, FL 33134  
 Phone: 305-444-4994  
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. CLN Insurance Agency Inc  
 (CORPORATE NAME) (DOCUMENT #) FILED  
2017 FEB 28 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FL
2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

Walk-In  Pick up time: \_\_\_\_\_  Certified Copy  Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: CLN INSURANCE AGENCY INC

2017 FEB 28 AM 8:22

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is: SECRETARY

1000 PONCE DE LEON BLVD

SAME

STE: 310

CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CONSTANZA GOMEZ (P/S/D) Name and Title: \_\_\_\_\_

Address 1000 PONCE DE LEON BLVD Address: \_\_\_\_\_

STE: 310 \_\_\_\_\_

CORAL GABLES, FL 33134 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: CONSTANZA GOMEZ  
 Address: 1000 PONCE DE LEON BLVD STE: 310  
CORAL GABLES, FL 33134

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 2017 FEB 20 AM 8:22  
 SEC. OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CONSTANZA GOMEZ  
 Address: 1000 PONCE DE LEON BLVD STE: 310  
CORAL GABLES, FL 33134

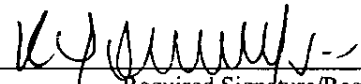
**ARTICLE VIII EFFECTIVE DATE:**

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'

2/27/17  
 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

2/27/17  
 Date