P17000076638

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000248691 3)))

H17000248691 3ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

RECEIVED
17 SEP 21 PM 3:26
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 SEP 21 PM 3:08
TALLAHASSEE, FLORIDA

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
BS INSURANCE GROUP INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

N. SAMS
SEP 22 2017

Electronic Filing Menu Corporate Filing Menu Help

FILED

17 SEP 21 PM 3:00

TALLAHASSEE, FLORIDA

9-21-17

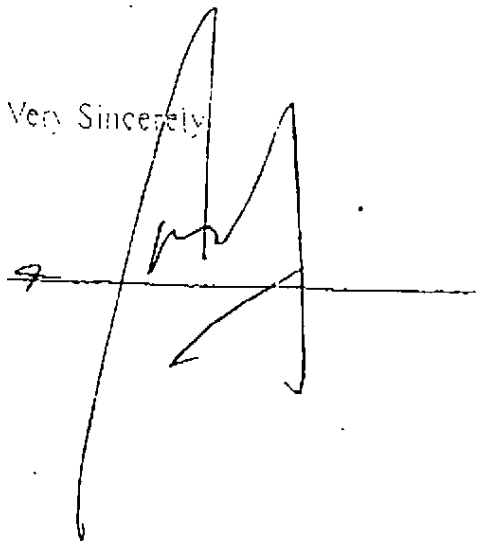
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of BS INSURANCE GROUP INC of Doc # P16000067483 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,



17 SEP 21 PM 3:08 H17000248691

TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

TAX ID: 81 3828627

ARTICLE I NAME: The name of the corporation is:

BS INSURANCE GROUP INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2550 NW 72ND AVE #308
Miami FL 33122

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Arnaldo Labori President
Jose Adrian Calvo V.P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Arnaldo Labori
2550 NW 72nd Ave #308
Miami FL 33122

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

Arnaldo Labori
2550 NW 72nd Ave #308
Miami FL 33122

H17000248691

Registered 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

17 SEP 21 PM 3:09
TALLAHASSEE, FLORIDA

H17000248691