

PH000087408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

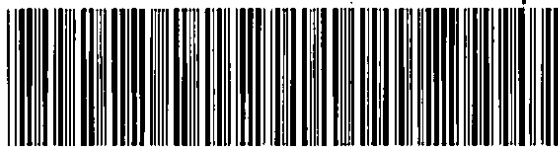
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 OCT 30 PM 4:29

17 OCT 30 AM 8:52

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

OCT 31 2017

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 889359 8146388

AUTHORIZATION :

COST LIMIT *\$1052.00*

ORDER DATE : October 30, 2017

ORDER TIME : 3:23 PM

ORDER NO. : 889359-010

CUSTOMER NO: 8146388

DOMESTIC AMENDMENT FILING

NAME: TERRA INSURANCE SERVICES, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Terra Insurance Services Inc.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Chris Raab

Contact Person

Terra Insurance Services, Inc.
Firm/Company

1111 Brickell Ave, Suite 2600
Address

Miami, FL 33131
City, State and Zip Code

licensing@terraadministrators.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Raab

Name of Contact Person

at (954) 246-3509 x3151

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Terra Insurance Services, Inc. F17-4236
Enter Name of Other Business Entity

2. The "Other Business Entity" is a For Profit Corporation
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Texas
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/7/2017
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Terra Insurance Services, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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STATE
FIDELITY

Signed this 27 day of October, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

x Incorporator:

Printed Name: Joseph Khoury Title: Owner/Director

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

x Signature:

Printed Name: Joseph Khoury Title: Owner/Director

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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STATE OF FLORIDA
CLERK OF THE SUPREME COURT

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: Terra Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

1111 Brickell Ave
Suite 2600
Miami FL 33131

Mailing address, if different is:

1111 Brickell Ave
Suite 2600
Miami FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 10 @ \$0.10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Khoury ^{Director} Name and Title: _____

Address: 1111 Brickell Ave Address: _____
Miami, FL 33131

Name and Title: Robert Forti ^{Director} Name and Title: _____

Address: 1111 Brickell Ave Address: _____
Miami, FL 33131

Name and Title: Jay Springman ^{Director} Name and Title: _____

Address: 1111 Brickell Ave Address: _____
Miami, FL 33131

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CLERK
CORPORATION

ARTICLE VI REGISTERED AGENT

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


Name: Joseph Khoury
Address: 1111 Brickell Ave. Suite 2600
Miami, FL 33131

ARTICLE VII INCORPORATOR

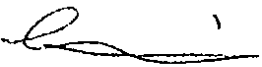
The name and address of the Incorporator is:

Name: Joseph Khoury
Address: 1111 Brickell Ave. Suite 2600
Miami, FL 33131

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

 10/27/17
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

 10/27/17
Required Signature/Incorporator Date

17 OCT 30 AM 8:52
FILED
TALLAHASSEE, FLORIDA