

P17 cell 89255

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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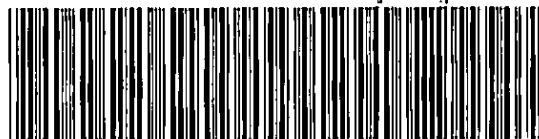
(Business Entity Name)

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M. MOON

NOV 07 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 893472 8146388

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : November 1, 2017

ORDER TIME : 11:23 AM

ORDER NO. : 893472-005

CUSTOMER NO: 8146388

DOMESTIC FILING

NAME: IDU, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

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FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** IDU, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Chris Raab

\_\_\_\_\_  
Name (Printed or typed)

1111 Brickell Ave. Suite 2600

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City, State & Zip

954-246-3508 extension 3151

\_\_\_\_\_  
Daytime Telephone number

licensing@terraadministrators.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

**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: IDU, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1111 Brickell Ave. Suite 2600  
Miami, FL 33131

Mailing address, if different is:

**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: Gregory Schwartz, President

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

Address 1111 Brickell Ave.

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

Suite 2600

Miami, FL 33131

Name and Title: Robert Forti, Director

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

Address 1111 Brickell Ave.

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

Suite 2600

Miami, FL 33131

Name and Title: Joseph Khoury, Director

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

Address 1111 Brickell Ave.

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

Suite 2600

Miami, FL 33131

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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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Chris Raab  
Address: 1111 Brickell Ave. Suite 2600  
Miami, FL 33131

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TALLAHASSEE, FLORIDA

**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*

Corporation Service Company  
By: Emily Croft Emily Croft 11/01/2017  
Required Signature/Registered Agent Asst. Vice President 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.*

Lin Red 11/11/2017  
Required Signature/Incorporator Date