

2018-04-09 15:21

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Division of Corporations

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From:

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Phone : (305) 715-7157
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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
INSURANCE SOLUTIONS PROVIDERS, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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T. SCOTT

4/9/2018

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ARTICLES OF INCORPORATION
OF
INSURANCE SOLUTIONS PROVIDERS, CORP.

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I NAME

The name of the corporation shall be Insurance Solutions Providers, Corp.

ARTICLE II PRINCIPAL OFFICE

The initial principal place of business and mailing address of this corporation shall be 13208 NW 10th Lane, Miami, Florida 33182.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized under the law of Florida.

ARTICLE IV SHARES

The number of shares of common stock that this corporation is authorized to have outstanding at any one time is: Ten Thousand (10,000), each with a par value of \$0.01.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent shall be: CorpWiz Registered Agents, Inc., 8750 N.W. 36 Street, Suite 425, Miami, Florida 33178.

ARTICLE VI DIRECTORS AND OFFICERS

The name and street address of the initial Director and President of the corporation shall be Monica Leineweber, 13208 NW 10th Lane, Miami, Florida 33182.

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Andres Cordova, 8750 NW 36 Street, Suite 425, Doral, FL 33178.



Signature, Incorporator

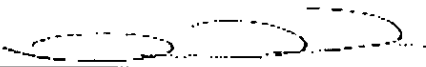
4/9/18

Date

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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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



CorpWiz Registered Agents, Inc.
By: Astrid Wermuth, Authorized Representative

Date 4 / 9 / 18

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