

P18000058057

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.

(((H18000194581 3)))



H180001945813ABC4

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2018 JUL -2 PM 4:29

FLORIDA COMMERCIAL SERVICES

RECEIVED BY MAIL ROOM

18 JUL -2 AM 10:01

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION BF INSURANCE FINANCING CORP

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (03), Estimated Charge (\$78.75)

T COLLINS JUL 03 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

BFI Insurance Financing Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12484 NW South River Dr.
Medley, FL 33178

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Pablo J. Valdes (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Pablo J. Valdes
12484 NW South River Dr.
Medley FL 33178

FILED
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS

FILED
18 JUL -2 AM 10: 01

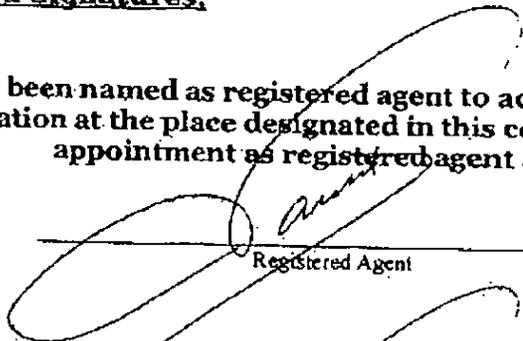
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Pablo J. Valdes
12484 NW South River Dr.
Medley FL 33178

H18000194581

Required 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

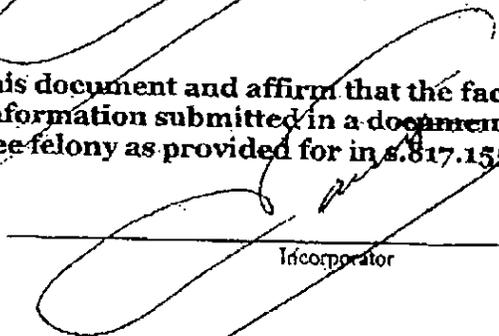


 Registered Agent

 Date

6/29/2018

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. 817.153, F.S.



 Incorporator

 Date

6/29/2018

FILED

18 JUL -2 AM 10: 01

MISSISSIPPI
CORPORATION