

P19000000368

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OLIMPIA INSURANCE CONSULTANTS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

19 JAN -2 PM 5:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Olimpia Insurance Consultant
INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

17543 SW 142 ct
Miami, Florida, 33177**ARTICLE III SHARES:** The number of shares of stock is: _____**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Maria Del Rosario Morales.

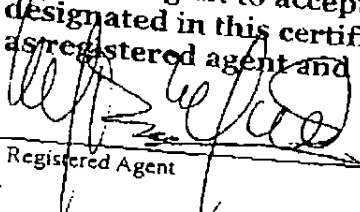
_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Maria Del Rosario Morales
17543 SW 142 ct
Miami, FL, 33177**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Maria Del Rosario Morales
17543 SW 142 ct
Miami, FL, 33177

Required Signatures:

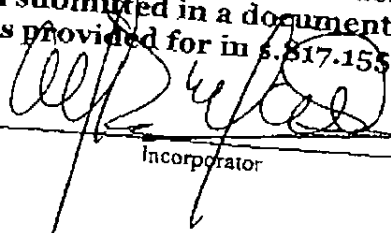
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent01-02-2019

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.



Incorporator01-02-2019.

Date