## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)67\$-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:				
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## FLORIDA PROFIT/NON PROFIT CORPORATION DLS INSURANCE GROUP INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75
	410.12

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

	COST SANSATE CONTROL THE name of the corporation is:
DL	S insurance group inc
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:  8313 NW OB TO Sheet
	Doral, FL 33166
ART	ICLE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	Stephanie de las Salas (P)
	Maria Caballero (VP)
,	
	FIGLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The n	ame and Florida street address (PO Box not acceptable) of the registered agent is
	Germine De Las Salas
(	3313 NW COM Sheet
	10ral, FL 33166
	•
ART	ICLE VI INCORPORATOR: The name and address of the Incorporator is:
ن	ephanie De las Salas
ි. <u>ල</u>	313 NW COBM Street
	oral FC 33160
	Property and the second

## Required Signatures:

01/03/2019 15:02

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

Hephranie De las Salas 01/03/19

Registered Again

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.

Stephane De las sulas 0103/19