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.

(((H190000858173)))



H190000858173ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

TO:		.	
	Division of Cor	porations	
	Fax Number	: (850)617-6381	
From:		THE STATE OF THE THE	
		: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I20000000019	7-6
	Phone	: (305)552-5973	> <u>-</u>
	Fax Number	: (305)675-5944	
	FBX HUMBE	. (272)	62:
			737
بريان جميد	. Ann amail addres	ss for this business entity to be used for fut	ure' "
aı aı	nnual report mail	ings. Enter only one email address please.**	~ .
			-
	mail Address:		
C:	MATT MOOL COO.		-

FLORIDA PROFIT/NON PROFIT CORPORATION ROBAINA INSURANCE AGENCY CORP

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

Do 3/15/19

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Robaina Insurance Agency Corp.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 1152 N. University Dr. Buit 301-303 Rembroke Pines PL 33024.	
_ Prembroke Pines PL 33024.	
ARTICLE III SHARES: The number of shares of stock is:	90)
50.21 52.01	
Anatly Robaina (President)	
	ე 5
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
ANAELY ROBAINA	
1152 N. University Pr soit 301-303.	
1152 N. University Pr soit 301-303. Pembroke Pines PC 38024	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
1152 N. UNICOPSTY Dr Surt 311-303	
Pembroke ANDS & 33124	

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

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 8

Dota