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FLORIDA PROFIT/NON PROFIT CORPORATION I & S INSURANCES, INC

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

2019 JUN 20 PM 2:22

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. PAGE

JUN 21 2019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: I & S INSURANCES INTERNATIONAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address711 SW 122 AVEPEMBROKE PINES, FL 33025

Mailing address, if different is:

711 SW 122 AVEPEMBROKE PINES, FL 33025**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SHEILA DEL VALLE

Name and Title: _____

Address: PRESIDENT

Address: _____

711 SW 122 AVEPEMBROKE PINES, FL 33025

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SHEILA DEL VALLE
Address: 711 SW 122 AVE
PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHEILA DEL VALLE
Address: 711 SW 122 AVE
PEMBROKE PINES, FL 33025

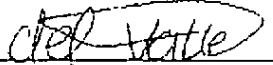
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/18/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

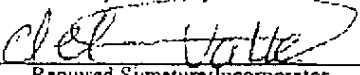
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

06/18/2019
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.


Required Signature/Incorporator

06/18/2019
Date