

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FANJUL CPA, INC.  
Account Number : I20130000039  
Phone : (305)603-8791  
Fax Number : (877)503-6086

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AMOR INSURANCE CORP**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 JUL 16 AM 5:43  
DIVISION OF CORPORATIONS

2019 JUL 16 PM 1:29

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

JUL 17 2019

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** AMOR INSURANCE CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address

16881 SW 141 CT

MIAMI, FL 33177

Mailing address, if different is:

16841 SW 141 CT

MIAMI, FL 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSES

**ARTICLE IV SHARES**

1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JESUS A MIELES-P

Name and Title: \_\_\_\_\_

Address

16881 SW 141 CT

Address: \_\_\_\_\_

MIAMI, FL 33177

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: JESUS A MIELES

Address: 16881 SW 141 CT

MIAMI, FL 33177

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: JESUS A MIELES


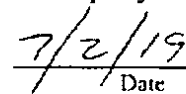
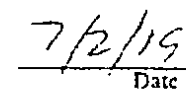
Address: 16881 SW 141 CT

MIAMI, FL 33177

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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  
\_\_\_\_\_  
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  
\_\_\_\_\_  
Date