

no d
P190000768 41
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000304787 3)))



H190003047873ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2019 OCT 14 AM 8:39
SECRETARY of STATE
ALL AMASSIT

FILED

****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
CONTINENTAL INSURANCE BROKERS IV INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

OCT 15 2019

Florida Department of State
Attention: New Filings Section

FILED
2019 OCT 14 AM 8:39
SECRETARY OF
TALLAHASSEE

To whom it may concern:

This is to advise that the owners of

CONTINENTAL INSURANCE BROKERS
IV INC.

of Document # PO6000014470

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

ELADIO A. MARTIN
PRESIDENT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Continental Insurance Brokers IV Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

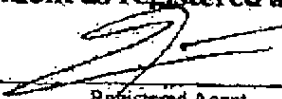
15420 SW 136 ST #63MIAMI FL 33196**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ELADIO A. MARTIN (PD)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ELADIO A. MARTIN15559 SW 138 TERRMIAMI FL 33196**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ELADIO A. MARTIN15559 SW 138 TERRMIAMI FL 33196FILED
2019 OCT 14 AM 8:39
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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

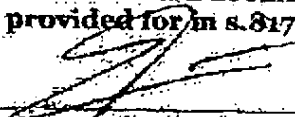


Registered Agent

10/10/19

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.



Incorporator

10/10/19

Date

FILED
2019 OCT 14 AM 8:39
SECRETARY OF
TALLAHASSEE COUNTY