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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
VAB INSURANCE, CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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J DENNIS

APR 27 2020

20 APR 24 AM 8:36

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

ARTICLE I NAMEThe name of the corporation shall be: VAB INSURANCE, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address3372 WEST 105TH TERRACEHIALEAH, FL 33018

Mailing address, if different is:

3372 WEST 105TH TERRACEHIALEAH, FL 33018**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: VICTOR BERMUDEZ

Name and Title: _____

Address PRESIDENT

Address: _____

3372 WEST 105TH TERRACEHIALEAH, FL 33018

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

20 APR 24 AM 2:36

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: VICTOR BERMUDEZ
Address: 3372 WEST 105TH TERRACE
HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR BERMUDEZ
Address: 3372 WEST 105TH TERRACE
HIALEAH, FL 33018

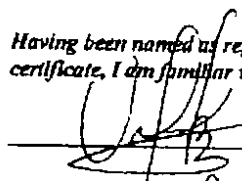
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/24/2020 (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

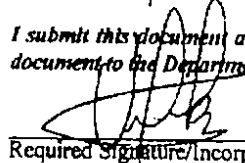


Required Signature/Registered Agent

04/24/2020

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

04/24/2020

Date