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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:						
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FLORIDA PROFIT/NON PROFIT CORPORATION LULU INSURANCE HOLDINGS, CORP.

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

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:	;
	Lulu Insurance Holdings, Corp.	
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
·	5341 SW 10th Street, Plantation, FL 33317-4722	
ARTICLE III	SHARES: The number of shares of stock is:100	
ARTIC	CLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	Alipio Alfonso Hurtado - President	
	Zuilen Borrego - Vice President	_
ARTICLE V	TODACS	
The name and F	florida street address (PO Box not acceptable) of the registered age	nt is
	Alipio Alfonso Hurtado	
	5341 SW 10th Street, Plantation, FL 33317-4722	_
ARTICLE VI	INCORPORATOR: The name and address of the Incorporato	
	Alipio Alfonso Hurtado	
	5341 SW 10th Street, Plantation, FL 33317-4722	

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

Alipio A. Hurtado
Registered Agent

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.

> Alipio A. Hurtado
> Incorporator 07/09/2020 Date