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**P20000061533**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : S&S ACCOUNTING SERVICES, INC.  
Account Number : I20190000091  
Phone : (786)212-0491  
Fax Number : (305)454-6657

**\*\*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  
INNOVATION FINAL EXPENSE, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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C. RICE  
AUG 10 2020

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** INNOVATION FINAL EXPENSE, CORP.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** INGRID MARIBEL RAMIREZ

Name (Printed or typed)

2080 N SHERMAN CIR APT 106

Address

MIRAMR, FL 33025

City, State & Zip

786-603-3733

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: INNOVATION FINAL EXPENSE, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
2080 N SHERMAN CIR APT 106  
MIRAMAR, FL 33025

Mailing address, if different is:

**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: INGRID MARIBEL RAMIREZ, P

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

Address 2080 N SHERMAN CIR APT 106

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

MIRAMAR, FL 33025

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2020 AUG 13 PM 2:15

FILED  
NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION # 12345678

**ARTICLE VI REGISTERED AGENT**

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

Name: INGRID MARIBEL RAMIREZ  
Address: 2080 N SHERMAN CIR APT 106  
MIRAMAR, FL 33025

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: S&S ACCOUNTING SERVICES, INC.  
Address: 3383 NW 7 ST SUITE 304  
MIAMI, FL 33125

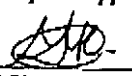
**ARTICLE VIII EFFECTIVE DATE:**

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.

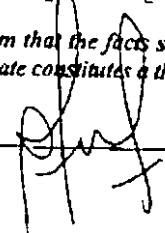
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
Required Signature/Registered Agent

08/06/2020

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

08/06/2020

Date