

# P20000074229

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVISORS REINA'S INSURANCE CORP.**

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

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**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: ADVISORS REINA'S INSURANCE CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address8409 SW 208TH TERCUTLER BAY, FL 33189

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTSAND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY ANDALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONSMIGHT DO:1) TRANSACT ANY AND ALL LAWFUL BUSINESS2) SAID CORPORATION SHALL FURTHER HAVE POWERSTO HAVE PERPETUAL SUCCESSION BY ITS CORPORATE NAME "ADVISORS REINA'S INSURANCE CORP"**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADRIANA REINA

Address

8409 SW 208TH TERCUTLER BAY, FL 33189Name and Title: DP/VP

Address:

Name and Title: ADRIANA REINA

Address

8409 SW 208TH TERCUTLER BAY, FL 33189Name and Title: DRA

Address:

Name and Title:

Address

Name and Title:

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: ADRIANA REINA  
Address: 8409 SW 208TH TER  
CUTLER BAY, FL 33189

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADRIANA REINA  
Address: 8409 SW 208TH TER  
CUTLER BAY, FL 33189

**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  
09/22/2020  
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  
09/22/2020  
Date