

2/18/2021

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
INSURANCE ADVISORS SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: INSURANCE ADVISORS SOLUTIONS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
3350 NW 2ND AVE, STE A46-B
BOCA RATON, FL 33431Mailing 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: EUGENE LAVIN, PRESIDENTName and Title: ANTHONY MARESCA, VICE PRESIDENTAddress: 6851 NE 7TH AVEAddress: 4130 NW 66 AVEBOCA RATON, FL 33487CORAL SPRINGS, FL 33067Name and Title: JARRELL HOPSON, SECRETARY & TREASURER

Name and Title: _____

Address: 1151 CR 1009

Address: _____

BLUFF DALE, TX 76433

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PROFESSIONAL BUSINESS SOLUTIONS
Address: 12350 SW 132 CT, STE 108
MIAMI, FL 33186

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EUGENE LAVIN
Address: 6851 NE 7TH AVE
BOCA RATON, FL 33487

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
Date 2/16/21

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
Date 2/16/21