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Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**JET INSURANCE SOLUTIONS INC**

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

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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: JET INSURANCE SOLUTIONS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address3350 NW 2ND AVESUITE A46BOCA RATON, FL 33431

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: EUGENE LAVIN - TREASURERAddress: 6851 NE 7TH AVEBOCA RATON, FL 33487Name and Title: JARRED HOPSON - SECRETARYAddress: 1151 COUNTY ROAD 1009BLUFF DALE, TX 76433Name and Title: ANTHONY MARESCA - PRESIDENTAddress: 4130 NW 66TH AVECORAL SPRINGS, FL 33067

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

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

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

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\_\_\_\_\_  
\_\_\_\_\_

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

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

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

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

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**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*

Eugene Lavin 2/14/2022  
Required Signature/Registered Agent 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.*

Eugene Lavin 2/14/2022  
Required Signature/Incorporator Date