

# P22000019673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

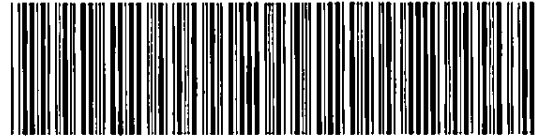
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/15/2022

Name: Jennifer Bialowas

Reference #: 1621862

Entity Name: TRIP INSURE 101 INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: 70.00

Signature: 

**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: Trip Insure 101 Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>7260 SW 130th St., Pinecrest FL 33145</u> _____ _____	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Jonathan Breeze, CEO</u> Address: <u>7260 SW 130th Street</u> <u>Pinecrest, FL 33156</u> _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ 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: Cogeny Global Inc.

Address: 115 N Calhoun St #4

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jonathan Breeze

Address: 7260 SW 130th Street

Pinecrest, FL 33156

**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*

*Alexis Cassidy*

Alexis Cassidy, Asst. Secretary

Required Signature/Registered Agent

03/14/2022

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.*

DocuSigned by

*Jonathan Breeze*

Required Signature/Incorporator

March 14, 2022

Date

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