

P22000021038

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000102339 3)))



H220001023393ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
TOWN INSURANCES CORP**

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

HL

FILED

2022 MAR 18 AM 11:29

RECEIVED

2022 MAR 18 PM 3:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDACORPORATIONS
GENERAL
SERVICES

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

TOWN INSURANCES CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9737 NW 41 ST DORAL FL 33166

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JAVIER GORGUIS

President

STEPHANIE GORGUIS

VICE PRESIDENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 18 AM 11:29

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

9737 NW 41 ST DORAL FL 33166

JAVIER GORGUIS

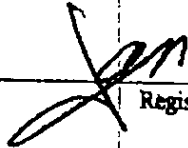
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JAVIER GORGUIS

9737 NW 41 ST DORAL FL 33166

Required Signatures:

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

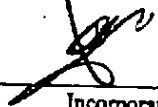


Registered Agent

03/15/2022

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.



Incorporator

03/15/2022

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 18 AM 11:29

FILED