



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

((H22000152778 3)))



H220001527783ABC1

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: _____

RECEIVED

2022 APR 27 PM 4:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
TABRAUE INSURANCE SERVICES INC**

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

T. SCOTT

APR 28 2022

Electronic Filing Menu

Corporate Filing Menu

Help

E/N: '88-2000268

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

TABRAUE INSURANCE SERVICES INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

P: 12260 SW 53rd St Unit 601B Cooper City, FL 33330

M: 449 NW 116th Ave Pembroke Pines, FL 33028

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Adrian A. Tabraue - President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Adrian A. Tabraue

12260 SW 53rd St Unit 601B

Cooper City, FL 33330

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

Adrian A. Tabraue

12260 SW 53rd St Unit 601B

Cooper City, FL 33330

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

4/25/22

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

4/25/22

Date