

05/20/2022 15:08

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LAZARUS CORPORATE

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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5/20/22

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
TOTAL CHOICE INSURANCES INC**

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

RECEIVED

2022 MAY 19 PM 2:35

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:TOTAL CHOICE INSURANCES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1520 SW 86 CT MIAMI FL 33144**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Gilda M TORRALBAS Sotolongo
1520 SW 86 CT MIAMI FL 33144**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Gilda M TORRALBAS Sotolongo
1520 SW 86 CT MIAMI FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Gilda M TORRALBAS Sotolongo
1520 SW 86 CT MIAMI FL 33144

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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

X Gilda M Torralbas Sotolongo 5/16/2022
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.

X Gilda M Torralbas Sotolongo 5/16/2022
Incorporator Date

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