

7/6/22, 10:31 AM

Division of Corporations
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 Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 PARAGON INSURANCE INC.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PARAGON INSURANCE INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address5543 SW 164 AVE
MIAMI, FL 33185

Mailing address, if different is:

5543 SW 164 AVE
MIAMI, FL 33185**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE E. GONZALEZ - P

Name and Title: _____

Address 5543 SW 164 AVE

Address: _____

MIAMI, FL 33185Name and Title: KIRENIA GONZALEZ - VP

Name and Title: _____

Address 5543 SW 164 AVE

Address: _____

MIAMI, FL 33185

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: JOSE E. GONZALEZ
 Address: 5543 SW 164 AVE
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE E. GONZALEZ
 Address: 5543 SW 164 AVE
MIAMI, FL 33185

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

/s/ Jose E. Gonzalez
 Required Signature/Registered Agent

07-05-2022

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.

/s/ Jose E. Gonzalez
 Required Signature/Incorporator

07-05-2022

Date

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