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**P22000090012**

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 : BETAM PROFESSIONAL SERVICES INC.  
Account Number : 120220000175  
Phone : (305)810-9437  
Fax Number : (305)630-8407

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

haveltegg@ gmail . com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
INSURANCE CONNECTION GROUP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 Dec -6 AM 8:11

2022 Dec -6 AM 3:12

Electronic Filing Menu

Corporate Filing Menu

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

(H22 000408 961)

**ARTICLE I NAME:** The name of the corporation is:

INSURANCE CONNECTION GROUP INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5545 SW 8TH ST, SUITE 204

CORAL GABLES, FL 33134

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

P, YETSY BETANCOURT MARTINEZ

12015 BIRD DR, MIAMI, FL 33175

VP, YURIEN AMADOR JIMENEZ

12856 SW 132ND TER, MIAMI, FL 33186

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

BETAM PROFESSIONAL SERVICES INC.

YETSY BETANCOURT

5545 SW 8TH ST, SUITE 204, CORAL GABLES, FL 33134

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

YURIEN AMADOR JIMENEZ

5545 SW 8TH ST, SUITE 204

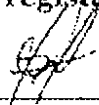
CORAL GABLES, FL 33134

2022-12-05 18:31

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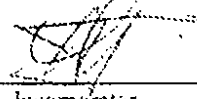
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

12/05/2022  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

12/05/2022  
\_\_\_\_\_  
Date

12/05/2022 18:13:12