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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 ABAD INSURANCE, CORP.**

Certificate of Status	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: ABAD INSURANCE, CORP.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6841 SW 147 AVENUE #2H  
MIAMI, FL. 33193

### ARTICLE III

#### PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

### ARTICLE IV

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated  COMMON SHARES.

### ARTICLE V

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIRTHA M. ABAD  
6841 SW 147 AVENUE #2H  
MIAMI, FL. 33193

Prepared by: MIRTHA M. ABAD  
6841 SW 147 AVENUE #2H  
MIAMI, FL. 33193  
305 903-4205  
MIRTHICA1972@HOTMAIL.COM

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ABAD INSURANCE, CORP.

2. The name and address of the registered agent and office is:

MIRTHA M. ABAD  
6841 SW 147 AVENUE #2H  
MIAMI, FL. 33193

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

x M. Abad  
(SIGNATURE)

FEBRUARY 17, 2023

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