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

(((H23000133060 3)))



H230001330603ABCS

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 : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 : (877)503-6086 Fax Number

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 VR SEGUROS CORP

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

1/1

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF INCORPORATION

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

TRTICLE I NAME The name of the corporate	ion shall be: VR SEGUROS CORP		•
RTICLE II PRINC	TPAL OFFICE Principal street address 900 MAILBOX #7541	Mailing address, if different is:	
RTICLE III PURPO he purpose for which t ANY AND ALL LAW	he corporation is organized is: FUL PURPOSES		
	stock is: 1000 L. OFFICERS AND/OR DIRECTORS		
Name and Title	ORIANA MARIEL VERA RUBIO-P 66 W FLAGLER ST STE 900 MAILBOX #7541 MIAMI, FL 33130	. 11	
	WILMWIL, FE 33130		
Name and Title:		Name and Title:	2023 Tàll
Address			APR
			10 AK
Name and Title:		Name and Title:	<u> </u>
Address		_ Address:	<u> </u>

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ORIANA MARIEL VERA RUBIO		
Address:	66 W FLAGLER ST STE 900 MAILBOX #7541		
_	MIAMI, FL 33130	-	
<u>ARTICLE VII - IN</u>	SCORPORATOR		
	ress of the Incorporator is:		
Name:	ORIANA MARIEL VERA RUBIO		
Address:	66 W FLAGLER ST STE 900 MAILBOX #7541	_	
	MIAMI, FL 33130		
ARTICLE VIII - E	FFECTIVE DATE:		
Effective date, if ot	her than the date of filing:e is listed, the date must be specific and cannot	(OPTIONAL)	lays after the
filing.)	e is nested the date must be specific and cultiv		
	serted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this date v	vill not be lis
	l as registered agent to accept service of process fo		·
certificate, I am fan	ailiar with all acomy the appointment as registere	`-	. 23
^ (Yh	Regarded Signature/Registered Agent	04/07/	2023 ≥ Date ^{=©}
	Reserved Signature Registered Agent	\$ \$	· =
I culmit this doors	nent and affirm that the facts stated bergin are	teno I um monro that the falce informi	ition sulfmitte
I submit this docum document to the be	nent and uffirm that the facts stated herein are a partment of State quastitutes a third degree felony	true, I am aware that the false information as provided for in s.817.155, F.S.	ition sūbmitte , ≅

Fax: (850) 617-6381

Page: 3 of 3

04/10/2023 10:42 AM

From: Robert Famul

Fax: 18775036086

To: