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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GINN & PATROU, PA  
Account Number : I20190000124  
Phone : (904)461-3000  
Fax Number : (844)730-9828

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

Email Address: [jhermes@ginnpatrou.com](mailto:jhermes@ginnpatrou.com)

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Division of  
Corporations

FLORIDA PROFIT/NON PROFIT CORPORATION  
TASA National Assurance Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: TASA National Assurance Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

116 Seagrove Main St. No. 120

116 Seagrove Main St. No. 120

St. Augustine Florida, 32080

St. Augustine Florida, 32080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tyler Averdick Director

Name and Title:

Address 116 Seagrove Main St. No. 120

Address:

St. Augustine Florida, 32080

Name and Title:

Name and Title:

Address

Address:

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: Ginn & Patrou, PLLC  
Address: 460 A1A Beach Blvd.  
St. Augustine Florida, 32080

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

Name: Ginn & Patrou, PLLC  
Address: 460 A1A Beach Blvd.  
St. Augustine Fl, 32080

**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*

\_\_\_\_\_  
Required Signature/Registered Agent:

07/06/23

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

07/06/23

Date

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