

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 : 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

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REGISTRATION

FLORIDA PROFIT/NON PROFIT CORPORATION
TASA Assurance Capital 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 Assurance Capital Inc

ARTICLE II PRINCIPAL OFFICEPrincipal 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 FL, 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 AGENTThe 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 INCORPORATORThe 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 a 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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