7230 Proposition of State 6 Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number

: (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)552-5973

**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 KOVER INSURANCE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise	that the owners of	55 25 25 25 25	
KOVER	INSURANCE INC	AHAS I	1
of Document # _	P20000026780	1 MH 9 07	

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Michael Nunas President

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ART	<u>ICLE II P</u>	RINCIPAI	OFFICE:		
	The princi	pal street add	ress and m	ailing address	s is:	
	872	45W	12 ND	51		
<u>_</u> H	iaml, F	L 33	173			
	/					
RTICLE II	I SHARES	<u>ይ</u> The numbe	r of shares o	of stock is:	10	23 AUS
ART	ICLE IV	INITIAL DI	RECTORS	AND/OR C	FFICERS	=
		el Nun		(\mathcal{P})	1 1 2 2 2 1 1	
		12: <u>//</u>				25. C)
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				- · · -		
ARTICLE	V INITIAI	REGISTER	ED AGEN	T AND STR	EET AUL	DRESS:
	V INITIAI l Florida street					
	l Florida street	address (PO	Box not acce			
	l Florida street ما ردار	address (PO)	Box not acco	eptable) of th		
he name and	1 Florida street M(L) 9724	address (PO	Box not acco	eptable) of th		
he name and	l Florida street ما ردار	address (PO)	Box not acco	eptable) of th		
he name and	1 Florida street MILK 2724	address (PO) Iae IN SW 7 FL 33	Box not according to the second secon	eptable) of th	e registero	d agent is:
he name and	1 Florida street MILK 2724	address (PO)	Box not according to the second secon	eptable) of th	e registero	d agent is:
he name and	1 Florida street MILK 2724	address (PO) Iae IN SW 7 FL 33	Box not according to the second secon	eptable) of th	e registero	d agent is:
he name and	1 Florida street MILK 2724	address (PO) Iae IN SW 7 FL 33	Box not according to the second secon	eptable) of th	e registero	d agent is:

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

Registed Agent 8/7/23

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.

Interporator 3/7/23

23 AUS 11 AH 9: 07