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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALLEGRA INSURANCE GROUP INC**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ALLEGRA INSURANCE GROUP INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

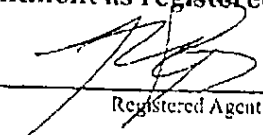
9786 W 34TH AVE HIALEAH FL 33018**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GLOBAL DELIVERY LOGISTIC LLC -PRESIDENTBEDROCK CAPITAL PLANNING INC. -VICE PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

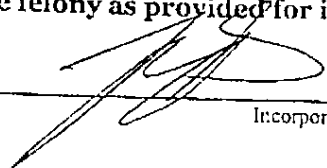
NILSA TARTAK- 9786 W 34TH AVE HIALEAH FL 330189786 W 34TH AVE HIALEAH FL 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NILSA TARTAK, 14165 SW 278TH HOMESTEAD, FL 33032

**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

  
\_\_\_\_\_  
Registered Agent                      2/22/2024  
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.

  
\_\_\_\_\_  
Incorporator                      2/22/2024  
Date

2024