

P24000037609

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.

((H24000196190 3)))



H2400019619034BC%

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

RECEIVED
2024 JUN -4 PM 2:05
CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
NOVUS EXPRESS INSURANCE CORP**

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

FILED
JUN -4 PM 2:05
STATE

T-S.H
6/5/24

Electronic Filing Menu Corporate Filing Menu Help

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

ARTICLE I NAMEThe name of the corporation shall be: NOVUS EXPRESS INSURANCE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2980 NORTHEAST 207TH STREET
AVENTURA, FL 33180

Mailing address, if different is:

1541 N 14TH TERRACE
HOLLYWOOD, FL 33020**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDIANA DE LOS SANTOS GONZALEZ DE RODRIGUEZ - TAddress: 2980 NORTHEAST 207TH STREET
AVENTURA, FL 33180Name and Title: FRANKLIN ANTONIO SANCHEZ GONZALEZ JR - VPAddress: 2980 NORTHEAST 207TH STREET
AVENTURA, FL 33180Name and Title: BERTA ELENA MARTINEZ MORENO - PAddress: 2980 NORTHEAST 207TH STREET
AVENTURA, FL 33180

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: INDIANA DE LOS SANTOS GONZALEZ DE RODRIGUEZ
Address: 2980 NORTHEAST 207TH STREET
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INDIANA DE LOS SANTOS GONZALEZ DE RODRIGUEZ
Address: 2980 NORTHEAST 207TH STREET
AVENTURA, FL 33180

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
05-31-2024
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.

Required Signature/Incorporator
05-31-2024
Date

FILED
JUN 4 PM 4:01
STATE