

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Email Address: _____

CORPORATIONS
COMMERCIAL
SERVICES

2024 JUL -9 PM 4:51

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION
EXCLUSIVE INSURANCE SERVICES INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Exclusive Insurance Services Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13707 NW 18th St
Pembroke Pines, FL 33028

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Christopher J Tabraue - President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Christopher J Tabraue
2250 NW 136th Ave Ste 114
Pembroke Pines, FL 33028

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Christopher J Tabraue
2250 NW 136th Ave Ste 114
Pembroke Pines, FL 33028

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

CJT Registered Agent 7-1-24 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.

CJT Incorporator 7-1-24 Date