

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P24000058987

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(((H24000316628 3)))

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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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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
FLEX GLOBAL INSURANCE CORP.

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

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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: FLEX GLOBAL INSURANCE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
5225 NW 85TH AVE APT 1201	
DORAL, FL 33166	

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:	SIMON ARMANDO ESCALONA RODRIGUEZ - P	Name and Title:	
Address	5225 NW 85TH AVE APT 1201	Address:	
	DORAL, FL 33166		

Name and Title:	VALENTINA MARISE SORONDO UTRERA - VP	Name and Title:	
Address	5225 NW 85TH AVE APT 1201	Address:	
	DORAL, FL 33166		

Name and Title:		Name and Title:	
Address		Address:	

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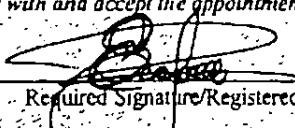
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: SIMON ARMANDO ESCALONA RODRIGUEZAddress: 5225 NW 85TH AVE APT 1201DORAL, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: SIMON ARMANDO ESCALONA RODRIGUEZAddress: 5225 NW 85TH AVE APT 1201DORAL, FL 33166**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

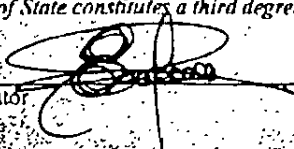
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

09/13/2024

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

09/13/2024

Date

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