Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
FLEX GLOBAL INSURANCE CORP.

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

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 street address
5225 NW 85TH AVE APT 1201
DORAL, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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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
Address: 5225 NW 85TH AVE APT 1201, DORAL, FL 33166

Name and Title:
Address:

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

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: SIMON ARMANDO ESCALONA RODRIGUEZ

Address: 5225 NW 85TH AVE APT 1201

DORAL, FL 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SIMON ARMANDO ESCALONA RODRIGUEZ

Address: 5225 NW 85TH AVE APT 1201

DORAL, FL 33166

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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

_____ 09/13/2024

Required Signature/Registered Agent 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.

_____ 09/13/2024

Required Signature/Incorporator Date