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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Number : I20240000045

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Fax Number : (305)394-6501

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

Email Address: TREYES @ GUILLENPUTOL. COM

FLORIDA PROFIT/NON PROFIT CORPORATION

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

ARTICLE 1 No.	<u>4ME</u> rporation shall be: OzzO Insurance,	Согр	
	RINCIPAL OFFICE Principal street address		
11432 NW 69 Te	· — -	Mailin —————————	g address, if different is:
Dorai, FL 33178			
ARTICLE III PUThe purpose for wh			
To engage in th	e insurance business as agents w	ith respect to the general	public and to receive
	an insurance agent through the licens		
	y as an employee or contractor, as w		
	pter 626 of the Florida Statutes		
RTICLE IV SH The number of share	<u>IARES</u> s of stock is: 100 Shares		
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	<u>27</u>	•
Name and	Title: Jorge Ibrahim (P, T)	Name and Title:	
Address	11432 N/M 60 Tor		
esi Maria	Doral, FL 33178		
	-		
Name and T	_{itle:} Carmen A. Soto (S)	Name and Title	
Address	11432 NW 69 Ter	Address:	17.
	Doral, FL 33178	Addless.	202
		 -	

Name and Ti	ile:	Name and Title:	7
Address		Address:	- 10 F
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## 1777 / Name a	and Title:	_ Name and Title:		
Addre				
		 _		
ABTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	Guillen Pujol, CPA P.A.			
Address:	6161 Waterford District Dr. Suite 475	-		
de .	Miami, FL 33126		· · · 2	
ARTICLE VII	<u>INCORPORATOR</u>	-	2024 OCT	E.31
The name and a	ddress of the Incorporator is:		. 17	300
Name:	Nestor L. Guillen		Air	7
Address:	6161 Waterford District Dr. Suite	475	ن بنت	€.
	Miami, FL 33126	-	08	
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five days pi	rior or 90 days after the	3
the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.			
Having been nan cêrtificate, I am j	ned as registered agent to a cept service of process formiliar with and legept the appointment as registered.	er the above stated corporatio ed agent and agree to act in t	n at the place designated this capacity	in this
	Requirec Signature/Registered Agent		10/16/2024	
I submit this document to the	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the fa as provided for in s.817.155	Date Also information submitte 5. F.S.	ed in a
Nestor L. Gui			10/16/2024	
Required Signatu	re/Incorporator	Dat	te .	