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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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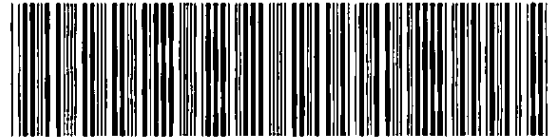
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

007

COVER LETTER

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

SUBJECT: Florida Insurance and Reinsurance Company Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: J. Lee Roddenberry - Pennington PA
Name (Printed or typed)

215 S Monroe St Suite 200
Address

Tallahassee FL 32301
City, State & Zip

850 - 222-3533
Daytime Telephone number

lroddenberry@penningtonlaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT OF AUTHORIZATION FOR RELEASE AND IMMEDIATE USE OF CORPORATION NAME

State of Florida

Before me, the undersigned authority, personally appeared **Andrea Sayago** who, after being duly sworn, deposes and states as follows:

1. I, **Andrea Sayago** the undersigned, as Director and Incorporator of **FLORIDA INSURANCE AND REINSURANCE COMPANY** a corporation duly organized and existing under the laws of the State of Florida, filed with number P24000059083.

2. The corporation **FLORIDA INSURANCE AND REINSURANCE COMPANY** is currently in the process of dissolution and has ceased all business operations.

3. As the authorized representative of **FLORIDA INSURANCE AND REINSURANCE COMPANY**, I hereby authorize the Florida Division of Corporations to release the name **FLORIDA INSURANCE AND REINSURANCE COMPANY** for immediate use by any other entity or individual, effective as of the date of this affidavit.

4. I understand that by signing this affidavit, the name **FLORIDA INSURANCE AND REINSURANCE COMPANY** will no longer be reserved or protected under the dissolution process, and it will be available for use without any further notification to me or the corporation.

5. I affirm that I have the legal authority to make this authorization and that all necessary corporate resolutions have been obtained to proceed with the dissolution and release of the corporate name.

6. This affidavit is executed voluntarily and with the full understanding of its implications.

Further affiant sayeth naught.

Signed this 14 day of October, 2024

Andrea Sayago

1395 Brickell Ave Suite 800
Miami, Florida, 33131

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization this 14 day of October, 2024 by **Andrea Sayago**, who is personally known to me or who has produced Florida Driver License as identification.

Notary Public, State of Florida

Print Name: Ramon Vargas

My Commission Expires: 03/11/2025

Commission Number: HH103787



Ramon Vargas
Notary Public
State of Florida
Comm# HH103782
Expires 3/11/2025

APPROVED

OCT 2 2024

Office of Insurance Regulation
by: KN

**ARTICLES OF INCORPORATION
OF
FLORIDA INSURANCE AND REINSURANCE COMPANY**

ARTICLE I. NAME

The name of this Corporation is Florida Insurance and Reinsurance Company (the "Corporation").

ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The street address of the principal office of the Corporation is: 1395 Brickell Ave, Suite 800, Miami-Dade county, 33131, Miami, FL, US.

The mailing address of the principal office of the Corporation, if different, is: 1395 Brickell Ave, Suite 800, Miami-Dade county, 33131, Miami, FL.

ARTICLE III. SHARES

The total number of shares of stock the Corporation is authorized to issue is 10,000,000 shares of common voting stock authorized, each share having a par value of \$1.00 United States Dollar.

ARTICLE IV. SERVICE OF PROCESS

The Corporation appoints the Chief Financial Officer and her or his successors in office as its attorney to received service of all legal process issued against it in any civil action or proceeding in this state.

ARTICLE V. DURATION

The term of the Corporation shall be perpetual unless the Corporation is dissolved, liquidated or terminated sooner as per the applicable law.

ARTICLE VI. PURPOSE

The purpose of the Corporation shall be to engage in the insurance and reinsurance business commercializing the following property and casualty lines: fire, allied lines, farmowners multi-peril, commercial multi-peril, ocean marine, inland marine, medical malpractice, earthquake, aircraft, glass, burglary and theft, boiler and machinery, livestock, industrial fire, industrial extended coverage, multi-peril crop in the state of Florida; and exercise all activities necessary and incidental to that purpose.

ARTICLE VII. DIRECTORS

The Company shall be managed by five (5) directors, who shall serve for a term of one (1) year. The majority of the directors must be citizens of the United States. The name and mailing address of the initial directors are as follows:

(i) Name: Julio Cesar Velasquez

(US Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(ii) Name: Andrea Sayago

(US Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(iii) Name: Oscar Armando Calderon

(US Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(iv) Name: Manoj Kumar

(UK Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(v) Name: Naman Kumar

(UK Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

ARTICLE VIII. INCORPORATORS

The name and mailing address of each incorporator is as follows:

(i) Name: Julio Cesar Velasquez

(US Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(ii) Name: Andrea Sayago

(US Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(iii) Name: Oscar Armando Calderon

(US Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(iv) Name: Manoj Kumar

(UK Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(v) Name: Naman Kumar

(UK Citizen)

Mailing Address: 1395 Brickell Ave, Suite 800, Miami, FL, US.

Zip Code: 33131

(signatures in the following page)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

Incorporators

	<i>JULIO VELASQUEZ</i>
NAME:	Julio Cesar Velasquez
	9/17/2024
DATE:	
NAME:	Andrea Sayago
DATE:	
NAME:	Oscar Armando Calderon
DATE:	
NAME:	Naman Kumar
DATE:	
NAME:	Manoj Kumar
DATE:	

ONLINE NOTARIZATION ACKNOWLEDGEMENT ATTACHMENT

The Florida Notary Public completing this attachment verifies ONLY the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of the document.

OPTIONAL INFORMATION

Description of the document:

Title: ARTICLES OF INCORPORATION
Number of Pages 5 (including attachment)
Additional Notes: _____

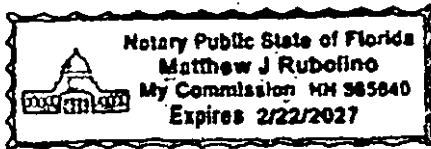
ACKNOWLEDGMENT

For an individual acting in his or her own right:

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this 17 day of SEPTEMBER 2024, ~~2022~~, by JULIO VELASQUEZ ☐ who is personally known to me or ☒ who has produced driver license as identification.



[Notary Seal]

Matthew Rubolino
Florida Notary Public Signature

Matthew Rubolino
Name (printed, typed or stamped)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

Incorporators

NAME: Julio Cesar Velasquez

DATE: _____

Andrea Sayago

NAME: Andrea Sayago

DATE: 08/21/2024

NAME: Oscar Armando Calderon

DATE: _____

NAME: Naman Kumar

DATE: _____

NAME: Manoj Kumar

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

Incorporators

NAME: Julio Cesar Velasquez

DATE:

NAME: Andrea Sayago

DATE:

NAME: Oscar Armando Calderon

DATE: 09/16/2024

NAME: Naman Kumar

DATE:

NAME: Manoj Kumar

DATE:

ONLINE NOTARIZATION ACKNOWLEDGEMENT ATTACHMENT

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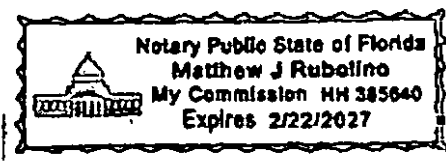
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Number of Pages 5 (including attachment)
Additional Notes: _____

ACKNOWLEDGMENT

For an individual acting in his or her own right:

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this 16 day of SEPTEMBER 2024, ~~2022~~, by Oscar Armando Calderon ☐ who is personally known to me or ☒ who has produced passport as identification.



[Notary Seal]

Matthew Rubolino

Florida Notary Public Signature

MATTHEW RUBOLINO

Name (printed, typed or stamped)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

Incorporators

NAME: Julio Cesar Velasquez

DATE: _____

NAME: Andrea Sayago

DATE: _____

NAME: Oscar Armando Calderon

DATE: _____

NAME: *NAMAN KUMAR*
Naman Kumar

DATE: 08/13/2024

NAME: Manoj Kumar

DATE: _____

ONLINE NOTARIZATION ACKNOWLEDGEMENT ATTACHMENT

The Florida Notary Public completing this attachment verifies **ONLY** the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of the document.

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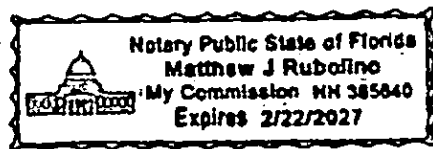
ACKNOWLEDGMENT

For an individual acting in his or her own right:

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this 13 day of AUGUST 2024, ~~2022~~, by NAMAN KUMAR ☐ who is personally known to me or ☒ who has produced passport as identification.



Notary Seal

Matthew Rubolino

Florida Notary Public Signature

Matthew Rubolino

Name (printed, typed or stamped)

Incorporators

Julio Cesar Velasquez

[illegible]

Andrea Sayago

Oscar Armando Calderon

[illegible]

Naman Kumar

Manoj Kumar

Manoj Kumar

08/12/2024

ONLINE NOTARIZATION ACKNOWLEDGEMENT ATTACHMENT

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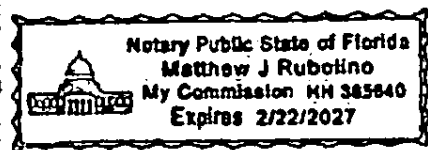
ACKNOWLEDGMENT

For an individual acting in his or her own right:

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this 12 day of AUGUST 2024, ~~2022~~, by Manoj Kumar ☐ who is personally known to me or ☒ who has produced passport as identification.



[Notary Seal]

Matthew Rubolino

Florida Notary Public Signature

Matthew Rubolino

Name (printed, typed or stamped)

2024 OCT 1

h: h: