

P24000067656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

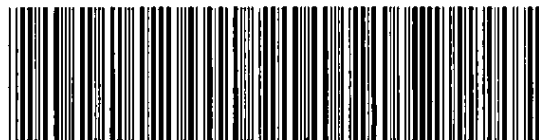
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TALLAHASSEE, FL

2024 NOV -4 AM 9:47

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV -4 AM 10:45

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COVER LETTER

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

SUBJECT: ASSURANCE Home Finance of America Corp.
(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: Akenis L. Montano
Name (Printed or typed)

9352 SW 21 TERRACE
Address

Miami, FL 33165
City, State & Zip

786.325.1187
Daytime Telephone number

akenis1994@live.com
E-mail address: (to be used for future annual report notification)

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

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2004 NOV -1 AM 9:47
DEPT OF STATE
TALLAHASSEE, FL

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: ASSURANCE Home Finance of America,
corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6551 SW 40 STREET
Miami, FL 33155.

Mailing address, if different is:

6551 SW 40 STREET
Miami FL 33155.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

THE RELATED GROUPS

Name and Title:

P.E. → DIRECTOR

Address

7901 4th St. N

Address:

23837

St. Petersburg FL 33702

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALAHASSEE, FL

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: Akonis Alcantara
Address: 9352 SW 31st
Miami FL 33165

ARTICLE VII INCORPORATOR

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

Name: THE Related Grays, P.C
Address: 7901 4th Street N. #23837
St. Petersburg, FL 33702

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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

[Signature]
Required Signature/Registered Agent

11/4/2024
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.

[Signature]
Required Signature/Incorporator

11/4/24
Date