Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 UNIDOS INSURANCE I. CORP

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the company

The name of the corporation is:	
UNIDOS INSURANCE I. CORP.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
2/5038W /37pl Quail Heights.	
IC 33/77	
ARTICLE III SHARES: The number of shares of stock is: \(\)	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Daisy Monteleaso Ayerbe (IP)	
Hugo Antonio Manteresco Ayerbe (T)	
Leydis de la Pena (P)	
200	
ZDZ5 JAN	7
<i>iy</i> ···· 0	-
The name and Florida street address (PO Box not acceptable) of the registered agent is:	177
Daisy Montespaso Ayelbe	
21503 Sw 1320 Pl Quail Heights	
FL 33177	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Day Montelloso Ayerbe	
21503 Sw 132ml Pl Quail Heralis	
FC 33177	

Required Signatures:

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

Registered Agent 01/10/25

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.

Incorporate OI 10 /25
Date

PILED

2025 JAN 10 AMIL: 10