

P26000002101

Florida Department of State  
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.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ODP INSURANCE INC**

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

2013 Jan 10 10:10 AM

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

ODP INSURANCE INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2063 PALMER RD DAVENPORT FL 33837

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

DAMELIS PALMAR - PRESIDENTE 50%

ORIANNA RAAZ - VICE PRESIDENTE 50%

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DAMELIS PALMAR 2063 PALMAR RD DAVENPORT FL 33837

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

DAMELIS PALMAR 2063 PALMAR RD DAVENPORT FL 33837

2013 Jan 10 4:03

**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

01/14/2026

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.



Incorporator

01/14/2026

Date

2026 JAN 15 10:44 AM