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PICK-UP WAIT MAIL

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: O2 INSURANCE AGENCY, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ANDREW L. JIMENEZ, ESQ.
Name (Printed or typed)

100 SE THIRD AVE, STE 1514
Address

FORT LAUDERDALE, FL 33394
City, State & Zip

(954) 848-3111
Daytime Telephone number

ANDREW@JIMENEZLAWOFFICES.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

O2 INSURANCE AGENCY, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

110 E. BROWARD BLVD, STE 1700

261 RUE ST-JACQUES OUEST STE 100 & 200

FORT LAUDERDALE, FL 33301

MONTREAL, QC H2Y 1M6 CANADA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

INSURANCE SALES, AND FOR ANY AND ALL LAWFUL BUSINESS PURPOSES.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KANDACE KALIN (P)

Name and Title: _____

Address 261 RUE ST-JACQUES OUEST

Address: _____

STE 100 & 200

MONTREAL, QC H2Y 1M6 CANADA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 MAR - 1 AM 11: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: JIMENEZ LAW OFFICES, P.A.
 Address: 100 SE THIRD AVE, STE 1514
FORT LAUDERDALE, FL 33394

ARTICLE VII INCORPORATOR

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

Name: KANDACE KALIN
 Address: 261 RUE ST-JACQUES O, STE 100 & 200
MONTREAL, QC H2Y 1M6 CANADA

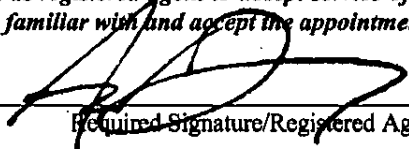
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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



Required Signature/Registered Agent

3/01/16

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.

DocuSigned by:

Kandace Kalin

Required Signature/Incorporator

3/01/16

Date

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