

Florida Department of State

P25000008481
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION RA LIFE INSURANCE INC

Certificate of Status	0
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MS

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: RA LIFE INSURANCE INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address454 NE 23rd STREET # 22MIAMI, FL 33137

Mailing address, if different is:

1761 N. YOUNG CIRCLE STE 3HOLLYWOOD, FL 33020**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: SHARES 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

CATHERINE C. MARCANO FELIZOLA -P

Name and Title: _____ Name and Title: _____

Address 454 NE 23rd STREET # 22 Address: _____MIAMI, FL 33137

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CATHERINE C. MARCANO FELIZOLA

Address: 454 NE 23rd STREET # 22

MIAMI, FL 33137

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CATHERINE C. MARCANO FELIZOLA

Address: 454 NE 23rd STREET # 22

MIAMI, FL 33137

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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*

Catherine C. Marcano Felizola

Required Signature/Registered Agent

02/12/25

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.

Catherine C. Marcano Felizola

Required Signature/Incorporator

02/12/25

Date