

Florida Department of State
Division of Corporations
Electronic Filing System
P25000008489

2/14/25

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000056404 3)))



H250000564043ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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
ANUBIS LIFE INSURANCE INC**

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

2025 FEB 13 PM 1:50

RECEIVED

25 FEB 12 AM 11:17

FILED
CLERK OF STATE
DIVISIONS

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ANUBIS LIFE INSURANCE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
25 NE 5th STREET # 2924
MIAMI, FL 33132Mailing address, if different is:
1761 N. YOUNG CIRCLE STE 3
HOLLYWOOD, 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**Name and Title: ANA BIRKENFELD - P

Name and Title: _____

Address 25 NE 5th STREET # 2924

Address: _____

MIAMI, FL 33132

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

25 FEB 12 AM 11:17

FILED
CLERK OF STATE
CORPORATIONS

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: ANA BIRKENFELD

Address: 25 NE 5th STREET # 2924

MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA BIRKENFELD

Address: 25 NE 5th STREET # 2924

MIAMI, FL 33132

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*

Ana Birkenfeld

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.

Ana Birkenfeld

Required Signature/Incorporator

02/12/25

Date

FILED
DEPT. OF STATE
CORPORATIONS
25 FEB 12 AM 11:17