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(Address)

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DIVISION OF CORPORATIONS  
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1129



(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENGINEERING RISK CONSULTANTS, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Arthur C. Koski**

Name of Person

**Engineering Risk Consultants, LLC**

Firm/Company

**101 North Federal Highway, Suite 602**

Address

**Boca Raton, FL 33432**

City/State and Zip Code

**akoski@koskilaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Arthur C. Koski**

Name of Person

at ( **561** ) **362-9800**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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LAW OFFICES OF ARTHUR C. KOSKI, P.A.

ATTORNEYS AT LAW  
101 North Federal Highway, Suite 602  
BOCA RATON, FLORIDA 33432-3969  
TELEPHONE (561) 362-9800  
TELECOPIER(561) 362-9870  
E-MAIL: akoski@koskilaw.com

December 12, 2013

Secretary of State  
State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Engineering Risk Consultants, LLC

Dear Sir or Madam:

Enclosed please find the following documents to incorporate a limited liability corporation:

1. Original and one copy of the Articles of Organization for Engineering Risk Consultants, LLC.
2. A check in the amount of \$130.00 made payable to the Secretary of State for costs of filing the Articles of Organization.
3. A stamped self-addressed envelope.

Please file the Articles of Organization and Designation of Registered Agent, and return a stamped copy to the undersigned for our files.

Thank you for your cooperation.

Very truly yours,

  
Arthur C. Koski

ACK:af  
Encls.

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ENGINEERING RISK CONSULTANTS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

101 North Federal Highway  
Suite 602  
Boca Raton, FL 33432

101 North Federal Highway  
Suite 602  
Boca Raton, FL 33432

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Arthur C. Koski  
Name

101 North Federal Highway, Suite 602  
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton 33432      FL  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605 F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MRGM

Arthur C. Koski

101 North Federal Highway, Suite 602

Boca Raton, FL 33432

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

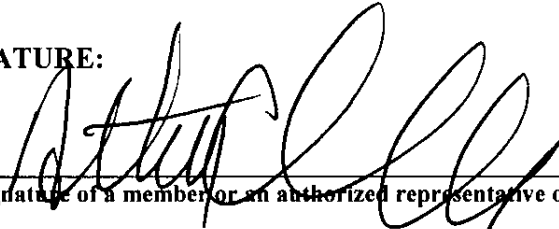
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** 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 to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 1005 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

ARTHUR C. KOSKI

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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