

TRANSMITTAL LETTER
P00000076377

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

500003348335--D
-08/08/00--01004--001
*****78.75 *****78.75

SUBJECT: RISK and SOLUTIONS, CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: MANUEL ANTONIO NOVOA BERMUDEZ
Name (Printed or typed)

17062 NW 16TH ST. PEMBROKE PINES
Address

PEMBROKE PINES - FLORIDA - 33028
City, State & Zip

954 - 4472574
Daytime Telephone number

FILED
00 AUG -7 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T BROWN AUG 11 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

RISK and SOLUTIONS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17062 NW 16TH ST
PEMBROKE PINES FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

SIX HUNDRED (600) SUCH SHARES SHALL BE OF A SINGLE CLASE AND SHALL
HAVE A PAR VALUE OF ONE (1) DOLLARS PER SHARE.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

MANUEL NOVOA BERMUDEZ
17062 NW 16TH ST
PEMBROKE PINES FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL NOVOA BERMUDEZ
17062 NW 16TH ST
PEMBROKE PINES FL 33028.

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

Signature/Registered Agent

07-18-00
Date

Signature/Incorporator

07-18-00
Date

FILED
00 AUG -7 PM 2:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA