

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

KLS Risk Management Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KLS Risk Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

KLS Risk Management Inc.

4116 Amber Lane Weston, FL 33331 FILL SED AN 6: 39
SECULATION OF FLORIDA
TALLAMASSEE FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Share at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kevin L. Sibley 4116 Amber Lane Weston, FL 33331

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Kevin L. Sibley - President 4116 Amber Lane Weston, FL 33331

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kevin L. Sibley 4116 Amber Lane Weston, FL 33331

16th

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Kevin Il Sibley - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	KLS Risk Management Inc.		_	
2. The name and address of the registe	ered agent and office is:	SECLAN	03 JUN	1
	Kevin L. Sibley		_	÷ _
	Name	Î.	垩	
	4116 Amber Lane	FL	ف	-
	(P.O. Box or Mail Drop Box NOT Acceptable)	ORIDA	39	
	Weston, FL 33331			
	(City / State / Zip)			

Having been named as registered agent and to accept service of process for the above stated corporation 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Kevin L. Sibley SIGNATURE June 16, 2003

(Date)