

P03000070890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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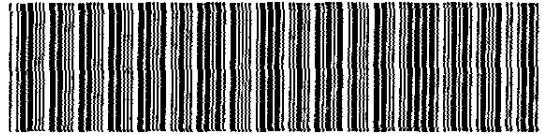
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 23 AM 10:25

TRANSMITTAL LETTER

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

SUBJECT: SURETY RISK MANAGEMENT SERVICES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: FERNANDO PIMENTEL
Name (Printed or typed)

1421 NW N RIVER DR
Address

MIAMI, FL 33125
City, State & Zip

(305) 325-1255
Daytime Telephone number

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

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:

SURETY RISK MANAGEMENT SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1421 NW N RIVER DR
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SURETY AGENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

FERNANDO PIMENTEL
884 W 37 Terr
HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

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

FERNANDO PIMENTEL
1421 NW N RIVER DR
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FERNANDO PIMENTEL
1421 NW N RIVER DR
MIAMI, FL 33125

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/

Signature/Incorporator

Date

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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