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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

f & b risk services, inc.

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

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(3)

COVER LETTER

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

SUBJECT: F& B RISK 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: MARIA C MAGARINO
Name (Printed or typed)

2200 SW 9TH AVENUE
Address

MIAMI FL 33129
City, State & Zip

305-244-7855(LLAMAR ANTES DE VENIR)
Daytime Telephone number

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

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

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ARTICLES OF INCORPORATION

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

11 FEB -2 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: F & B RISK SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
515 W PARK DR UNIT 5
MIAMI FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES 1.00 PER VALUE VICTORIA FERNANDEZ-80% AND VALENTINA BOTE 20%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTORIA FERNANDEZ PRESIDENT & TREASURER
Address: 515 W. PARK DRIVE UNIT 5
MIAMI FL 33172

Name and Title:
Address:

Name and Title: VALENTINA BOTE VICE-PRESIDENT
Address: 515 W. PARK DRIVE UNIT 5
MIAMI FL 33172

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: VICTORIA FERNANDEZ
Address: 515 W. PARK DRIVE UNIT 5
MIAMI FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: VICTORIA FERNANDEZ
Address: 515 W. PARK DRIVE UNIT 5
MIAMI FL 33172

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

Required Signature/Registered Agent — Date: 1/31/11

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.

Required Signature/Incorporator — Date: 1/31/11

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