

P11000062487

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000177227 3)))



H110001772273ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

11 JUL -8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LONE STAR RISK MANAGEMENT INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

11 JUL -8 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

Electronic Filing Menu Corporate Filing Menu Help

11/20

H 1100017727

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

**ARTICLE I NAME** LONE STAR RISK MANAGEMENT INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
12223 SW 132ND CT.  
MIAMI, FL 33186

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ALL AND ANY LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT-MIRTA A. GONZALEZ Name and Title: \_\_\_\_\_  
Address: 16326 SW 66 ST Address: \_\_\_\_\_  
MIAMI, FL 33193

Name and Title: VICE PRESIDENT-TOMAS A. GONZALEZ Name and Title: \_\_\_\_\_  
Address: 16326 SW 66 ST Address: \_\_\_\_\_  
MIAMI, FL 33193

Name and Title: SECRETARY/TREASURER Name and Title: \_\_\_\_\_  
Address: MIRTA A. GONZALEZ Address: \_\_\_\_\_  
16326 SW 66 ST  
MIAMI, FL 33193

FILED  
11 JUL -8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TOMAS GONZALEZ  
Address: 16326 SW 66 ST  
MIAMI, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TOMAS GONZALEZ  
Address: 16326 SW 66TH  
MIAMI, FL 33193

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 7-8-11 Date

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 7-8-11 Date

H 1100017727