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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 annual report mailings. Enter only one email address please.**

Email Address: _____

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

FLORIDA PROFIT/NON PROFIT CORPORATION LONE STAR RISK MANAGEMENT INC

Certificate of Status	0
Certified Copy	1
Page Count	02
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H1100017727

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

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

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