

P11000104582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

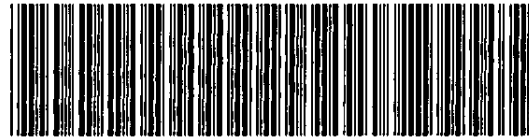
Special Instructions to Filing Officer:

ADDED EFFECTIVE DATE
OF 12/13/11 AS NOTED IN
"MAILING ADDRESS"
ATTEMPTED PHONE VERIFICATION.

K 12/08/11

Office Use Only

W11-55633



500212218795

10/28/11--01010--007 **78.75

FILED
11 DEC - 7 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/08/11

EFFECTIVE DATE 12/13/11

RECEIVED

11 DEC -7 AM 10:38



DIVISION OF CORPORATIONS DEPARTMENT OF STATE
Division of Corporations

ATTN: THOMAS CHANG

REVISED ORIGINAL AND
NEW ORIGINAL ATTACHED.

H2-12/5/2011

October 31, 2011

JAMES H. GANT III
1250 S. PINELLAS AVE. #1004
TARPON SPRINGS, FL 34689

SUBJECT: RISK MANAGEMENT CORPORATION
Ref. Number: W11000055633

We have received your document for RISK MANAGEMENT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000088947 (RISK MANAGEMENT, INC.).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang

Regulatory Specialist II
New Filing Section

Letter Number: 311A00024777

COVER LETTER

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

SUBJECT: RISK MANAGEMENT CORPORATION
(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 ~~AS~~ ☒ \$87.50 Filing Fee,
& Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: JAMES H GANT, III
Name (Printed or typed)
1205 S. PINELLAS AVE. #1004
Address
TARPON SPRINGS, FLORIDA 34689
City, State & Zip
727-234-3896
Daytime Telephone number
hgant3@verizon.net
E-mail address: (to be used for future annual report notification)

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

Gulf Insurance Services, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1250 S Pinellas Ave #1004
Tarpon Springs, Florida 34689

Mailing address, if different is:

Effective 12/13/2011

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James H Gant, III, President

Address: 1250 S Pinellas Ave #1004
Tarpon Springs, Florida 34689

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: James H Gant III

Address: 1250 S Pinellas Ave #1004
Tarpon Springs, Florida 34689

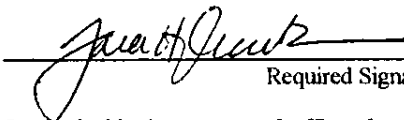
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James H Gant III

Address: 1250 S Pinellas Ave #1004
Tarpon Springs, Florida 34689

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

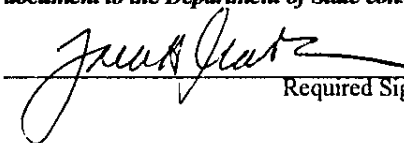


Required Signature/Registered Agent

12/5/2011

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

12/5/2011

Date

EFFECTIVE DATE 12/13/11

FILED
11 DEC -7 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA