

P140000032740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

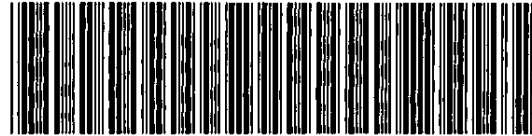
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 10 AM 10:08

COVER LETTER

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

SUBJECT: National Risk Center, 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: Scott C. Calahan

Name (Printed or typed)

800 Corporate Drive, Suite 408

Address

Fort Lauderdale, FL 33334

City, State & Zip

954-832-3553

Daytime Telephone number

scalahan@bostonportfolio.com

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

The name of the corporation shall be: National Risk Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

800 Corporate Drive

Fort Lauderdale, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which a corporation may be organized under the Florida Business
Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott C. Calahan, Chairman and Director

Name and Title: _____

Address: 800 Corporate Drive
Fort Lauderdale, FL 33334

Address: _____

Name and Title: Thomas H. Glanfield, President and Director

Name and Title: _____

Address: 800 Corporate Drive
Fort Lauderdale, FL 33334

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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14 APR 10 AM 10:09

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Thomas H. Glanfield
Address: 800 Corporate Drive
Fort Lauderdale, FL 33334

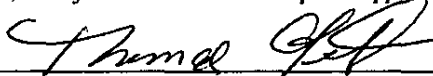
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott C. Calahan
Address: 800 Corporate Drive
Fort Lauderdale, FL 33334

SECRETARY OF STATE
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14 APR 10 AM 10:09

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

4-2-2014

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

4-2-14

Date