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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **ERM Financial Compliance Advisors, Corp.**
(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: **Silka M. Gonzalez**
Name (Printed or typed)
800 South Douglas Road, #940N
Address
Coral Gables, FL. 33143
City, State & Zip
305-447-6750
Daytime Telephone number
sgonzalez@emrisk.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: ERM Financial Compliance Advisors, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

800 South Douglas Road
Suite 940
Coral Gables, Fl. 33143

Mailing address, if different is:

800 South Douglas Road
Suite 940
Coral Gables, Fl. 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide professional consulting services,
mainly to clients in the financial service industry, in the area of
regulatory compliance assessments and audits.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silka M. Gonzalez, President

Address 800 S. Douglas Road
Suite 940N
Coral Gables, Fl. 33143

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 27 PM 11:37

APPROVED
AND
FILED

APPROVED
(Admin.)
FILED

15 APR 27 PM 1:37

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Silka M. Gonzalez

Address: 800 South Douglas Road #940N

Coral Gables, Fl. 33143

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Silka M. Gonzalez

Address: 800 South Douglas Road #940N

Coral Gables, Fl. 33143


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

21 April 2015

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

21 April 2015

Date