

P1500006004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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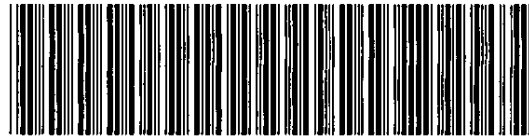
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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15 JUL 13 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

COVER LETTER

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

SUBJECT: _____ Risk 1 Consulting 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: _____ Christopher D. Jeffrey
Name (Printed or typed)
100 BayView Drive Suite 2119
Address
Sunny Isles, FL, 33160
City, State & Zip
305-989-5468
Daytime Telephone number
chris.jeffrey@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Risk 1 Consulting Inc.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
100 BayView Drive - Suite 2119

Mailing address, if different is:

Sunny Isles FL, 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Risk Management Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Gray / President

Address: 100 BayView Drive - suite 2119
Sunny Isles FL, 33160

Name and Title: Christopher D. Jeffrey - Director
Address: 100 Bayview Drive, Suite 2119
Sunny Isles, FL 33160

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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| | |
|-----------------------|-----------------------|
| 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: _____ Jennifer Gray
Address: _____ 100 BayView Drive - Suite 2119
_____ Sunny Isles FL, 33160

ARTICLE VII INCORPORATOR

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

Name: _____ Jennifer Gray
Address: _____ 100 BayView Drive - Suite 2119
_____ Sunny Isles FL, 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07-08-2015
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

07-08-2015
Date