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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Capital Market Risk Advisors Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

15 JUL 24 PM 1:41

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: Capital Market Risk Advisors 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: Leslie Rahl

Name (Printed or typed)

4851 Tamiami Trail North, Suite 200

Address

Naples, Florida 34103

City, State & Zip

239.280.1954

Daytime Telephone number

leslie@cmra.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 Capital Market Risk Advisors Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

4851 Tamiami Trail North, Suite 200

Naples, Florida 34103

ARTICLE III PURPOSE Consulting Services
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200 shares with no par value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie Rahl, President

Address: 4851 Tamiami Trail North, Suite 200
Naples, Florida 34103

Name and Title: Leslie Rahl, Director

Address: 4851 Tamiami Trail North, Suite 200
Naples, Florida 34103

Name and Title: Leslie Rahl, Vice President

Address: 4851 Tamiami Trail North, Suite 200
Naples, Florida 34103

Name and Title: Leslie Rahl, Secretary

Address: 4851 Tamiami Trail North, Suite 200
Naples, Florida 34103

Name and Title: Leslie Rahl, Treasurer

Address: 4851 Tamiami Trail North, Suite 200
Naples, Florida 34103

Name and Title: _____

Address: _____

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(cont.)

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: Leslie Rahl
Address: 4851 Tamiami Trail North, Suite 200
Naples, Florida 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Courtney L. Scanlon
Address: 140 Pearl Street, Suite 100
Buffalo, NY 14202


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

By: 
Required Signature/Registered Agent

67 / 22 / 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
Courtney L. Scanlon

7 / 24 / 2015

Date

SECRETARY OF STATE
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