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(Requestor's Name)

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(City/State/Zip/Phone #)

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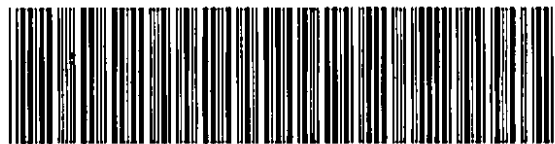
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR 12 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
MAR 20 2018

## COVER LETTER

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

**SUBJECT:** Professional Risk Management, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: William T. Tucker

Name (Printed or typed)

P. O. Box 2272

Address

Leesburg, VA 20177

City, State & Zip

703-851-2937

Daytime Telephone number

billtucker@prmusa.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**

Professional Risk Management, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

47564 Compton Circle, Potomac Falls, VA 20165

P. O. Box 2272, Leesburg, VA 20177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized and to exercise powers authorized under the laws of the state.

**ARTICLE IV SHARES**

The number of shares of stock is: 24,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William T. Tucker

Name and Title: James E. Kibble

Address: 47564 Compton Circle  
Potomac Falls, VA 20165

Address: 40473 Browns Creek Place  
Leesburg, VA 20177

Name and Title: John S. Taylor

Name and Title: Terry Parham

Address: 2316 Old Maple Court  
Ellicott City, MD 21042

Address: 2905 Hazelnut Court  
Waldorf, MD 20603

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Mark Bumar  
Address: 11651 SW 10th Street  
Pembroke Pines, FL 33025

**ARTICLE VII INCORPORATOR**

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

Name: William T. Tucker  
Address: 47564 Compton Circle  
Potomac Falls, VA 20165

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**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 days prior or 90 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*

Mark Bumar  
Required Signature/Registered Agent

3/5/2018  
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.*

William T. Tucker  
Required Signature/Incorporator

2/24/2018  
Date