

PI9000001014

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

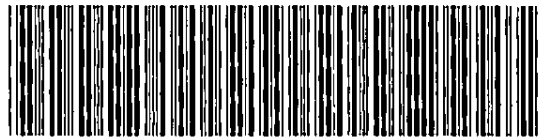
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

01/07/19--01002--004 \*\*257.50

RECEIVED  
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TALLAHASSEE, FLORIDA

2019 07 06  
T SCHROEDER

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/4/2019

**\*\*WALK IN\*\***

ENTITY NAME FINTECH RISK MITIGATION, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
xxx  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
*Certified Copy of Arts & Amendments*

\_\_\_\_\_  
*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$128.75

CHECK # 5624

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

COVER LETTER

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

Fintech Risk Mitigation, Inc.

SUBJECT: \_\_\_\_\_

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
Keith Durkin	

\_\_\_\_\_  
Name (printed or typed)

200 South Orange Avenue, Suite 2300

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City, State & Zip

407-649-4005

\_\_\_\_\_  
Daytime Telephone Number

ledererg@impactfsg.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Gene Lederer, President,  
(Name) (Title)

of Fintech Risk Mitigation, Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 16, 2016.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Wyoming.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Fintech Risk Mitigation, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Fintech Risk Mitigation, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Wyoming.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Gene Lederer, of Fintech Risk Mitigation, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the \_\_\_\_\_ day of 11/16/2018, 2018.

DocuSigned by:  
Gene Lederer  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Fintech Risk Mitigation, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

7380 Sand Lake Road, Suite 500

7380 Sand Lake Road, Suite 500

Orlando, Florida 32819

Orlando, Florida 32819

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

the transaction of any lawful business.

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TALLAHASSEE, FLORIDA  
GD

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100,000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Gene Lederer, President / Secretary / Treasurer

7380 Sand Lake Road, Suite 500

Orlando FL 32819

Title/Name

Gene Lederer, Director

7380 Sand Lake Road, Suite 500

Orlando FL 32819

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE, FLORIDA  
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**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Gene Lederer

7380 Sand Lake Road, Suite 500

Orlando, Florida 32819

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Gene Lederer

7380 Sand Lake Road, Suite 500

Orlando, Florida 32819

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

DocuSigned by:

*Gene Lederer*

Signature/Registered Agent

11/16/2018

Date

DocuSigned by:

*Gene Lederer*

Signature/Incorporator

11/16/2018

Date

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TALLAHASSEE, FLORIDA