

P19000049474

(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



200330487272

FILED

2019 JUN 19 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED STATE

19 JUN 19 PM 5:02

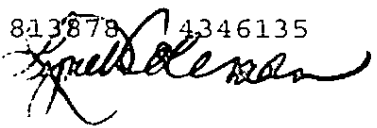
JUN 20 2019

K Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 813878 4346135

AUTHORIZATION : 

COST LIMIT : \$ 78.75

ORDER DATE : June 19, 2019

ORDER TIME : 11:58 AM

ORDER NO. : 813878-005

CUSTOMER NO: 4346135

DOMESTIC FILING

NAME: ACES RISK MANAGEMENT HOLDINGS
CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: ACES RISK MANAGEMENT HOLDINGS 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 ☐ \$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: Avraham Naider

Name (Printed or typed)

3397 Hollywood Oaks Drive

Address

Hollywood, FL 33312

City, State & Zip

917-501-7322

Daytime Telephone number

anaider@armco.us

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: ACES Risk Management Holdings Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3397 Hollywood Oaks Drive
Hollywood, FL 33312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of transacting any or all lawful business permitted
under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Avraham Z. Naider, Director

Address: 3397 Hollywood Oaks Drive
Hollywood, FL 33312

Name and Title: Avraham Z. Naider, President

Address: 3397 Hollywood Oaks Drive
Hollywood, FL 33312

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2019 JUN 19 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CORPORATION SERVICE COMPANY
Address: 1201 HAYS STREET
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elizabeth Pompliano
Address: 125 Broad Street
New York, NY 10004

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

Required Signature/Registered Agent Lydia Cohen 6/19/19
Asst. Vice President 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 6/19/19
Date