

P220000001293

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/07/2022

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

ENTITY NAME RiskAware USA Inc

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

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

XXXXXX

*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 \$70

ACCOUNT #: 120160000072

*S. R. F/M*

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

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

**FILED**

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TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: RiskAware USA Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

780 McLaren St.

Newmarket, Ontario L3Y8H3 Canada

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Michael Robert Castro - D, P, VP, S, T

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

Address 780 McLaren St.

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

Newmarket, Ontario L3Y8H3 Canada

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: \_\_\_\_\_ Registered Agent Solutions, Inc.

Address: \_\_\_\_\_ 155 Office Plaza Dr., Suite A

\_\_\_\_\_ Tallahassee, FL 32301

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ Ed Tsuji

Address: \_\_\_\_\_ 187 E. Warm Springs Rd., Ste. B

\_\_\_\_\_ Las Vegas, NV 89119

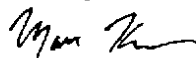
**ARTICLE VIII EFFECTIVE DATE:**

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*

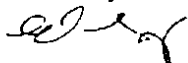
 Matthew Knee, Assistant Secretary of Registered Agent Solutions, Inc.

01/07/2022

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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.*



01/07/2022

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date