

P22000042564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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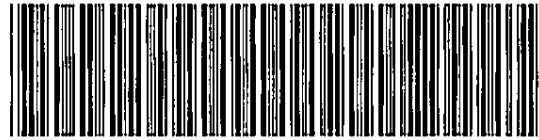
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 27 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Blue Chip Risk Management Enterprises 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: ADAM BRADLEY SIMON
Name (Printed or typed)

750 NE 64TH ST APT B-516
Address

MIAMI FL 33138
City, State & Zip

305-781-0444
Daytime Telephone number

ADAM.BRADLEY.SIMON@GMAIL.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

The name of the corporation shall be: Blue Chip Risk Management Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

750 NE 64 ST B510
Miami FL 33138

Mailing address, if different is:

" "
" "

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We will provide Management, Risk assessment, and Consulting Services in Financial (rowing), and Hospitality Sectors.

ARTICLE IV SHARES

The number of shares of stock is 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Simon CEO

Address: 750 NE 64 ST
Apt B510
Miami FL 33138

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 27 PM 6:01

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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: Adam Simon
Address: 750 NE 64 ST B510
Miami FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam Simon
Address: 750 NE 64 ST B510
Miami FL 33138

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2022 APR 27 PM 6:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

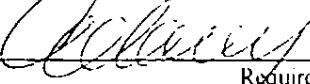
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/23/22 (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:

 3/23/22
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.

 3/23/22
Required Signature/Incorporator Date