

**P240000 10332**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BORG RISK MANAGEMENT SERVICES SOUTH, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

2004 FEB -8 PM 3:07

FILED  
2004 FEB -8 PM 12:15

Feb. 8, 2024 11:50AM

1104 0000 541055

Vol. 1289 P. 2

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: BORG RISK MANAGEMENT SERVICES SOUTH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12012 AVILES CIRCLE

PALM BEACH GARDENS, FLORIDA 33418

Mailing address, if different is:

12012 AVILES CIRCLE

PALM BEACH GARDENS, FLORIDA 33418

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID BORG/PRESIDENT

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

Address 12012 AVILES CIRCLE

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

PALM BEACH GARDENS, FL 33418

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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Feb. 8, 2024, 11:50AM

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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: DAVE BORG

Address: 12012 AVILES CIRCLE

PALM BEACH GARDENS, FLORIDA 33418

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET, SUITE 700

ALBANY, NY 12207

**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*

/S/ DAVE BORG

Required Signature/Registered Agent

2/8/24

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.*

Lawrence A. Kirsch

Required Signature/Incorporator

2/8/24

Date