P24000069414

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : RASI 5
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
AMZ RISK MANAGEMENT INC

Certificate of Status	0
Certified Copy	0
Page Count	02
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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: AMZ RISK MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

433 PLAZA REAL STE 275

BOCA RATON, FL 33432

Mailing address, if different is:

433 PLAZA REAL STE 275

BOCA RATON, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO MUNOZ- President

Address: 433 PLAZA REAL STE 275, BOCA RATON, FL 33432

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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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: RICARDO MUNOZ

Address: 433 PLAZA REAL STE 275

BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: RICARDO MUNOZ

Address: 433 PLAZA REAL STE 275

BOCA RATON, FL 33432

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 business days prior or 90 business 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 — Date: 10/29/24

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 — Date: 10/29/24

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