

TRANSMITTAL LETTER

P97000038839

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -1 AM 9:39

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

SUBJECT: NATIONAL RISK SOLUTIONS, INC.
(Proposed corporate name - must include suffix)

000002149120--4
-04/21/97--01106--009
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: J. Brian O'Neil
Name (Printed or typed)

192 Anderson Street
Address

Marietta, Georgia 30060
City, State & Zip

(770)429-1499
Daytime Telephone number

15-619,671
9446
9797

NOTE: Please provide the original and one copy of the articles.

D. BROWN MAY - 1 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 23, 1997

J. BRIEN O'NEIL
192 ANDERSON STREET
MARIETTA, GA 30060

SUBJECT: NATIONAL RISK SOLUTIONS, INC.
Ref. Number: W97000009446

We have received your document for NATIONAL RISK SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 497A00020897

**ARTICLES OF INCORPORATION
OF
NATIONAL RISK SOLUTIONS, INC.**

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The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be:

NATIONAL RISK SOLUTIONS, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

114 Dockside Circle
Weston, Florida 33327

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred Thousand (100,000) shares at no par value per share.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas G. DeOrio
114 Dockside Circle
Weston, Florida 33327

ARTICLE V

INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is:

J. Brian O'Neil
MOORE INGRAM JOHNSON & STEELE, LLC
192 Anderson Street
Marietta, Georgia 30060

This the 18th day of April, 1997


J. BRIAN O'NEIL, INCORPORATOR

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is NATIONAL RISK SOLUTIONS, INC.

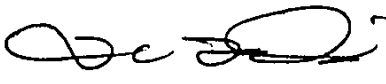
2. The name and address of the registered agent and office is:

Thomas G. ~~Diorio~~ DE Orio
(NAME)

114 Dockside Circle
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Weston, Florida 33327
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

4/16/97

(DATE)