

TRANSMITTAL LETTER

P99000053776

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

800002901988--4
-06/11/99--01057--013
*****87.50 *****87.50

SUBJECT: New World Risk Management, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 11 PM 2:00

FILED

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy

☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Andrew Seiden
Name (Printed or typed)

2300 Glades Road - Suite 340W
Address

Boca Raton, FL 33431
City, State & Zip

(561) 416-0170
Daytime Telephone number

R. CHESSE

JUN 14 1999

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

ARTICLES OF INCORPORATION

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:

New World Risk Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2300 Glades Road - Suite 340W
Boca Raton, FL 33431

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Andrew Seiden
2300 Glades Road - Suite 340W
Boca Raton, FL 33431

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

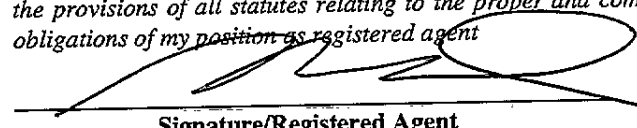
Andrew Seiden
2300 Glades Road - Suite 340W
Boca Raton, FL 33431


Signature/Incorporator

6-8-99
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

6-8-99
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA