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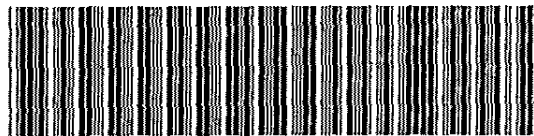
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TALLAHASSEE FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Allstate Surety Management Corp.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Donna Holman  
(Name of Person)

Allstate Surety Management Corp  
(Firm/Company)

1000 NW 14th Street  
(Address)

Miami FL 33136  
(City/State and Zip code)

For further information concerning this matter, please call:

Donna Holman at ( 305 ) 381-7043  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Allstate Surety Management Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia 3. 20-1347800
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/11/04 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 NW 14th Street, Miami FL 33136
(Principal office address)

1000 NW 14th Street, Miami FL 33136
(Current mailing address)

8. Any lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ferro Holman Swart & Co.

Office Address: 1000 NW 14th

Miami

(City)

Florida Charles Faibisch

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Charles Faibisch

Address: 1000 NW 14th Street, Miami FL 33136

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Charles Faibisch

Address: 1000 MW 14th Street  
Miami FL 33136

Vice President: \_\_\_\_\_

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

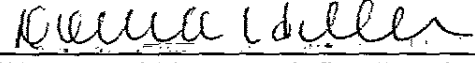
Secretary: Charles Faibisch

Address: 1000 NW 14th Street, Miami FI 33136

Treasurer: Donna Holman

Address: 1000 NW 14th Street, Miami FL 33136

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Donna Holman, Treasurer  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

Allstate Surety Management Corp. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is June 11, 2004.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
August 2, 2004*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission