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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SCRUBS Mutual Assurance Company Risk Retention Group
(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:

Jonathan McKenzie

(Name of Person)

Marsh Management Services

(Firm/Company)

100 Bank Street, Suite 610

(Address)

Burlington, VT 05401

(City/State and Zip code)

For further information concerning this matter, please call:

Jonathan McKenzie

(Name of Person)

at (802) 864-2129

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

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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. SCRUBS Mutual Assurance Company Risk Retention Group
(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. Nevada 3. 20-8993314
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 16, 2007 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6859 Southeastern Ave., Suite 104, Las Vegas, NV 89119
(Principal office address)

6859 Southeastern Ave., Suite 104, Las Vegas, NV 89119
(Current mailing address)

8. Write medical professional liability insurance as a RRG
(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: Tobey E. Williams

Office Address: 212 SW 5th Street, Unit 1

Stuart, Florida 34994
(City) (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

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Chairman: Tobey E. Williams

Address: 212 SW 5th Street, Unit 1
Stuart, FL 34994

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Vice Chairman: _____

Address: _____

Director: Ernest Sussman

Address: 9805 Mountain Grove Court
Las Vegas, NV 89134

Director: Daryl Williams

Address: 201 East Pine Street Suite 701
Orlando, FL 32801

B. OFFICERS

President: Ernest Sussman

Address: 9805 Mountain Grove Court
Las Vegas, NV 89134

Vice President: _____

Address: _____

Secretary: Tobey E. Williams

Address: 212 SW 5th Street, Unit 1, Stuart, FL 34994

Treasurer: Daryl Williams

Address: 201 East Pine Street Suite 701, Orlando, FL 32801

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. Tobey E. Williams, Director / Secretary

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SCRUBS MUTUAL ASSURANCE COMPANY RISK RETENTION GROUP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 16, 2007, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 30, 2008.

Handwritten signature of Ross Miller.

ROSS MILLER
Secretary of State

By Handwritten signature of the Certification Clerk.

Certification Clerk

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