

F1100000541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

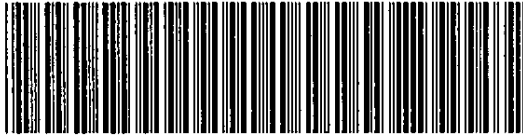
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/24/11--01032--003 \*\*70.00

W11-4826

2011 FEB -7 PM 4: 41  
REGISTRATION STATE  
FALL ARIZONA

FILED

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Sentinel Insurance Holdings Inc.

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," or "Certificate of Good Standing" 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:

Philip L. DeRosa

Name of Person

Sentinel Insurance Holdings Inc.

Firm/Company

3802 52nd Drive West

Address

Bradenton, FL 34210

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie K DeRosa

Name of Person

at ( 941 ) 739-3605

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2011

PHILIP L. DEROSA  
3802 52ND DRIVE  
BRADENTON, FL 34210

SUBJECT: SENTINEL INSURANCE HOLDINGS INC.  
Ref. Number: W11000004826

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB -7 AM 11:24

RECEIVED

We have received your document for SENTINEL INSURANCE HOLDINGS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 (850) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 211A00002183

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.

RECEIVED  
STATE  
SECRETARY OF STATE  
CORPORATION  
DIVISION

2011 FEB -7 PM 4: 41

FILED

1. Sentinel Insurance Holdings Inc.  
(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. Delaware 3. 32-0315043  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/03/2010 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. 3802 52nd Dr west Bradenton, Fl 34210  
(Principal office address)

same as above  
(Current mailing address)

8. insurance sales  
(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: Julie K DeRosa

Office Address: 3802 52nd Dr west

Bradenton, Florida 34210  
(City) (Zip code)

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.*

Julie K. DeRosa  
(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: Philip L. DeRosa  
Address: 3802 52nd Dr west Bradenton, FL 34210

Vice Chairman: Julie K DeRosa  
Address: 3802 52nd Dr west Bradenton, FL 34210

Director: Philip L. DeRosa  
Address: 3802 52nd Dr west Bradenton, FL 34210

Director: Julie K DeRosa  
Address: 3802 52nd Dr west Bradenton, FL 34210

**B. OFFICERS**

President: Philip L. DeRosa  
Address: 3802 52nd Dr west Bradenton, FL 34210

Vice President: Julie K DeRosa  
Address: 3802 52nd Dr west Bradenton, FL 34210

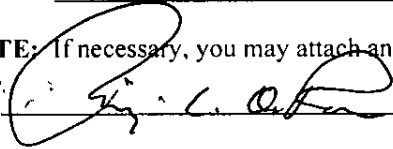
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Philip L. DeRosa \_\_\_\_\_

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

FILED  
2011 FEB - 7 PM 4:41  
TAMPA COUNTY STATE  
CLERK'S OFFICE  
TAMPA, FL 33604

# Delaware

The First State

PAGE 1

SECRETARY OF STATE  
CORPORATE SERVICES DIVISION

2011 FEB -7 PM 4: 41

FILED

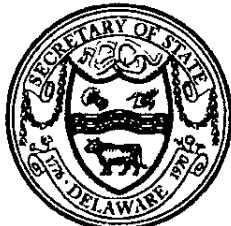
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENTINEL INSURANCE HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2011.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENTINEL INSURANCE HOLDINGS, INC." WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4855455 8300

110098333



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8529839

DATE: 01-31-11