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SECRETARY OF STATE
DIVISION OF CORPORATIONS

8/21/12

### COVER LETTER

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

## SUBJECT: Spirit Commercial Auto Insurance Risk Retention Group, 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 ma	atter to the following:
Heather Ross	
Namo	e of Person
Risk Services	
Firm/G	Company
2233 Wisconsin Avenue, NW, St	uite 310
A	ddress
Washington, DC, 20007	
City/Sta	ite and Zip code
hross@riskservcos.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea  Heather Ross  at (202)	
	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	\$78.75 Filing Fee & S87.50 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.

(Enter name of c	ercial Auto Risk Retention Group, Inc. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
<ol> <li>Nevada         (State or country)     </li> <li>1/5/12</li> </ol>	3. under the law of which it is incorporated)  5. of incorporation)  (Date first transacted business i	adopted for the purpose of transacting busines  45-4643855  (FEI number, if applicable)  Perpetual  (Duration: Year corp. will cease to exist or a purpose of transacting business of transacting busi	
<sub>7.</sub> 5430 W. Sa	ahara Avenue, Las Vegas, NV	, 89146	
	(Principal office add	ress)	
	ervices, 1605 Main St., Ste. (Current mailing add		
8. See Attach			
(Purpose(s	) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	<b>7</b>
9. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	SECAC ASICA
Name:	Michael T. Rogers		1 1 1 20 20
Office Address:	Risk Services, 1605 Main St., Ste.	800	PH OF G
	Sarasota	Florida 34236	STATE ORATH 2: 35
	(City)	, Florida 34236 (Zip code)	5 BH
designated in this further agree to co and I am familiar —	ed as registered agent and to accept servi application, I hereby accept the appoint to omply with the provisions of all statutes r with and accept the obligations of my po  (Registered agent's signature)	ce of process for the above stated corpora ment as registered agent and agree to act elative to the proper and complete perfora sition as registered agent.	in this capacity. I mance of my duties,
the Department of	State, by the Secretary of State or other of	fficial having custody of corporate records	in the jurisdiction

under the law of which it is incorporated.

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.

#### **ATTACHMENT**

The primary purpose for which the Corporation is formed is (a) to be an association captive insurance company, as defined in the Captive Insurers Law; (b) to apply to be the Commissioner of Insurance for a license to transact insurance; and (c) to make contracts in accordance with Title 57 of the Nevada Revised Statutes (the "Nevada Insurance Law").

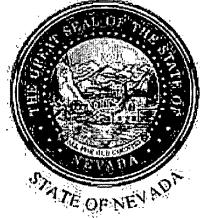
Accordingly, the Corporation shall be authorized to:

- 1) Act as a stock insurer and reinsurer operating as an association captive insurance company in the classes of insurance approved by the Insurance Commissioner of the State of Nevada.
- To do and transact any and every other kind of business which is permitted under the Nevada Corporate Law and the Captive Insurers Law as now in force or as hereinafter amended, and to transact any other lawful business for which corporations may be incorporated under the Nevada Revised Statutes, subject to Chapter 694C of the Nevada Revised Statutes and the provisions of the Liability Risk Retention Act of 1986, as amended, and approval of the Commissioner of Insurance. The Corporation has all powers necessary and proper to carry on its business. The Corporation shall have authority to do business anywhere in the world. The Corporation shall have and exercise all rights and powers from time to time granted to a Corporation by law. The above clauses shall not be limited by reference to, or inference from, one another, but each purpose clause shall be construed as a separate statement conferring independent purposes and powers of the Corporation.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Director: XXXXX Michael Gallagher Address: Intermodal Transport Co., 575 Avenue P, Newark, NJ 07105 20 PM 2: 35 Director: XXXXXXX Nicholas Teetelli Address: Maple Technologies, LLC, 500 Craig Boulevard, 2nd Fl., Manalapan, NJ 07726 Director: Victoria Erickson Address: Risk Services-Nevada, Inc., 5430 W. Sahara Avenue, Las Vegas, NV, 89146 Address: B. OFFICERS President: Michael Gallagher Address: Intermodal Transport Co., 575 Avenue P, Newark, NJ, 07105 Vice President: Brenda Guffey Address: Navasink Insurance Agency, 11790 SW Hwy Y, Schell City, MO, 64783 Secretary: Heather Ross Address: Risk Services, 2233 Wisconsin Avenue, NW, Ste. 310, Washington, DC, 20007 Treasurer: Michael Gallagher Address: Intermodal Transport Col., 575 Avenue P, Newark, NJ, 07015 NOTE: If necessary, you may attach and addendum to the application listing additional officers and/or directors. 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. Heather Ross, Secretary

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, **SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.**, 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 January 5, 2012, and is in good standing in this state.



Certified By: Christine Rakow Certificate Number: C20120622-1262 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 26, 2012.

ROSS MILLER Secretary of State

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