

F1600004617
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000253573 3)))



H160002535733ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2017 OCT 13 PM 12:05

FOREIGN PROFIT/NONPROFIT CORPORATION
Association Capital Assurance, Ltd.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
16 OCT 13 AM 11:22
DIVISION OF CORPORATIONS

O SIMMONS
OCT 14 2016

W16000070047

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. Association Capital Assurance, Ltd. Corp.

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

Association Capital Assurance FL Ltd. Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware _____ 3. 81-4052175
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/29/2016 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 695 Curtiswood Dr., Key Biscayne, FL 33149

(Principal office address)

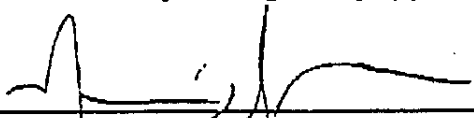
(Current mailing address, if different)

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

Name: Martin Urruela
Office Address: 695 Curtiswood Dr.
Key Biscayne, Florida 33149
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

16 OCT 13 AM 11:22
DIVISION OF CORPORATIONS
FILED

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Martin Urruela

Address: 695 Curtiswood Dr., Key Biscayne, FL 33149

Director: _____

Address: _____

B. OFFICERS

President: Martin Urruela

Address: 695 Curtiswood Dr., Key Biscayne, FL 33149

Vice President: _____

Address: _____

Secretary: Martin Urruela

Address: 695 Curtiswood Dr., Key Biscayne, FL 33149

Treasurer: Martin Urruela

Address: 695 Curtiswood Dr., Key Biscayne, FL 33149

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Martin Urruela, President

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

DIVISION OF CORPORATE AFFAIRS
 16 OCT 13 AM 11:22
 FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSOCIATION CAPITAL ASSURANCE, LTD." 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 TENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSOCIATION CAPITAL ASSURANCE, LTD." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

6167613 8300

SR# 20166142109

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203136641

Date: 10-10-16