

m04000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

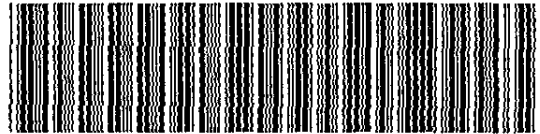
Document
Examiner DCC

Updater Office Use Only

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Verifier DCC

Acknowledgement DCC

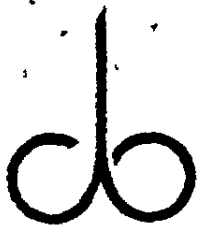
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DIVISION OF CORPORATIONS
03 DEC 29 PM 4:50



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

GENA BRADSHAW, FLMI
Chief Executive Officer

W.H.L. WOODYARD IV
Chief Operating/Financial Officer

December 22, 2003

Florida Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **Capital Risk, LLC** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Lauri Stone
Corporate Qualification Division

/ls

Enclosures

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CORPORATE QUALIFICATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Risk, LLC
(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:

Lauri Stone
(Name of Person)

Central Licensing Bureau
(Firm/Company)

1501 N. University, #550
(Address)

Little Rock, AR 72207
(City/State and Zip code)

For further information concerning this matter, please call:

Lauri Stone at (501) 664-8044
(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

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Capital Risk, LLC
(Name of foreign limited liability company)

2. Delaware 3. 22-3723955
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/31/2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5847 San Felipe, #2750
Houston, TX 77057
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

John N. Molbeck, 5847 San Felipe, #2750, Houston, TX 77057

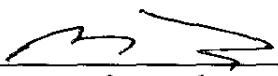
Benjamin D. Wilcox, 5847 San Felipe, #2750, Houston, TX 77057

Deborah Peacock, 5847 San Felipe, #2750, Houston, TX 77057

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

The business of insurance, functioning as an insurance agency.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Benjamin D. Wilcox

Typed or printed name of signee

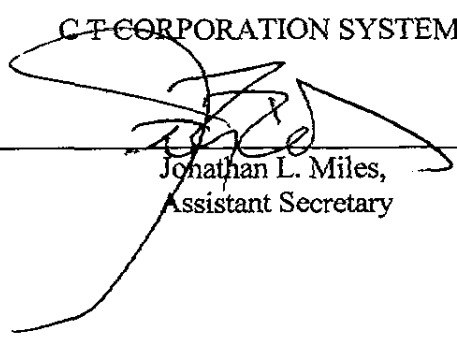
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ACCEPTANCE OF APPOINTMENT

RE: *Capital Risk, LLC*

Having been named as registered agent and to accept service of process for the above stated foreign limited liability company at 1200 South Pine Island Road, Plantation, Florida 33324 pursuant to the provisions of section 608.507, Florida Statutes, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: October 1, 2003

By  _____
Jonathan L. Miles,
Assistant Secretary

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Delaware

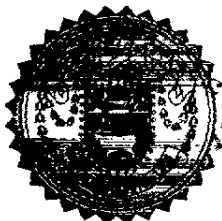
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL RISK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2003.

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DIVISION OF CORPORATIONS



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3205299 8300

AUTHENTICATION: 2798925

030705204

DATE: 12-10-03