



# FO1000003484

ACCOUNT NO. : 072100000032

REFERENCE : 194054 7183529

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 20, 2001

ORDER TIME : 9:52 AM

ORDER NO. : 194054-005

CUSTOMER NO: 7183529

CUSTOMER: Mr. Ian Stuart  
Mr. Ian Stuart  
908 Teagal Place  
Newmarket  
Ontario, L3X1L3

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUL -2 AM 11:23  
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SUFFICIENCY OF FILING

FOREIGN FILINGS

BK

NAME: SURPLUS LINES INC.

600004455766--2

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER: \_\_\_\_\_

FILED  
01 JUL -2 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

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JUL 2 11:52 AM  
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TALLAHASSEE, FLORIDA

1. SURPLUS LINES INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK  
(State or country under the law of which it is incorporated)

3. 98-0350768  
(FEI number, if applicable)

4. DECEMBER 22, 2000  
(Date of incorporation)

5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 67 WALL STREET, SUITE 2211, NY NY 10005-3198  
(Principal office address)

67 WALL STREET SUITE 2211, N.Y NY 10005-3198  
(Current mailing address)

8. INSURANCE E & S.  
(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 or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company

  
(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: See attached officers/directors rider

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: See attached officers/directors rider

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

Vice President: \_\_\_\_\_

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

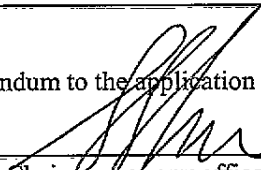
Secretary: \_\_\_\_\_

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

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

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

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. IAN STUART - PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

RIDER

FOR

SURPLUS LINES INC.

IAN STUART  
HOLDS ALL OFFICES - ONLY DIRECTOR  
67 WALL STREET, SUITE 2211  
NEW YORK, NY 10005-3198

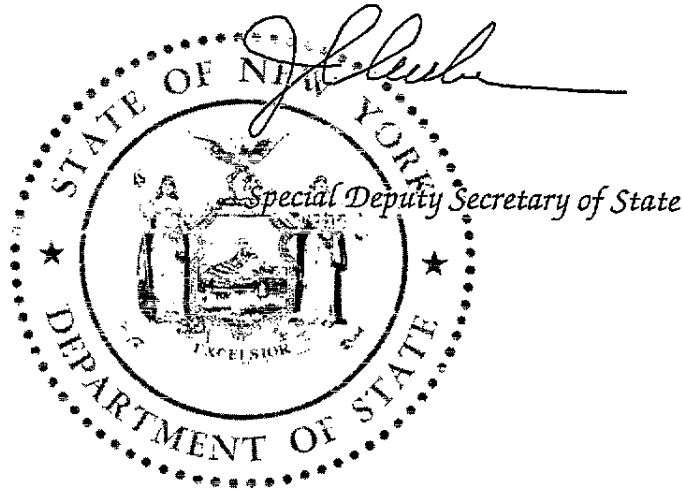
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TALLAHASSEE, FLORIDA

**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of SURPLUS TIMES INC. was filed on 12/20/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 25th day of June  
two thousand and one.*



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STATE OF NEW YORK  
TREASURY