

F010000005797 4.

POWELL, CARNEY, GROSS, MALLER & RAMSAY, P.A.

ATTORNEYS AND COUNSELORS AT LAW
BANK OF AMERICA TOWER
ONE PROGRESS PLAZA, SUITE 1210
ST. PETERSBURG, FLORIDA 33701

MARY JO CARNEY
ALAN M. GROSS
KAREN E. MALLER
JAMES N. POWELL
DON DOUGLAS RAMSAY

MAILING ADDRESS:
POST OFFICE BOX 1689
ST. PETERSBURG, FLORIDA 33731-1689

TELEPHONE
727-898-9011

FACSIMILE
727-898-9014

November 2, 2001

TO: Registration Section
Division of Corporations

700004666637--9
-11/05/01--01075--002
*****87.50 *****87.50

SUBJECT: Chapman & Associates Warranty Risk Specialists, 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", 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:

Karen E. Maller

(Name of Person)

Powell, Carney, Gross, Maller & Ramsay, P.A.

(Firm/Company)

One Progress Plaza, Suite 1210

(Address)

St. Petersburg, Florida 33701

(City, State and Zip Code)

For further information concerning this matter, please call:

Karen E. Maller

(Name of Person)

at (727) 898-9011

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 ☐ \$78.50 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
01 NOV -5 PM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu
11/7

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Chapman & Associates Warranty Risk Specialists, 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. Georgia

(State or country under the law of which it is incorporated)

3. 52-1792716

(FEI number, if applicable)

4. 5/24/01

(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. 8566 West Gulf Blvd.

(Principal Office Address)

Treasure Island, FL 33706

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Florida

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box ~~NOT~~ acceptable)

Name: Karen E. Maller, Esq.

Office Address: One Progress Plaza, Suite 1210

St. Petersburg, Florida 33701

FILED
01 NOV -5 PM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Karen E. Maller

KAREN E. MALLER
(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 addresses of officers and/or directors:

A. DIRECTORS

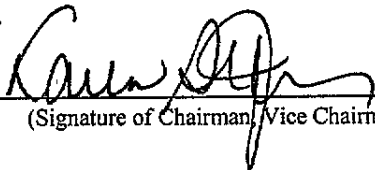
Chairman: Robert S. Chapman
Address: 2209 Pasadena Place
Gulfport, FL 33707
Vice Chairman: _____
Address: _____
Director: _____
Address: _____
Director: _____
Address: _____

B. OFFICERS

President: Robert S. Chapman, CEO
Address: 2209 Pasadena Place
Gulfport, FL 33707
Vice President: Karen St. Jean, CFO
Address: 8566 West Gulf Blvd.
Treasure Island, FL 33706
Secretary: Karen St. Jean
Address: 8566 West Gulf Blvd.
Treasure Island, FL 33706
Treasurer: Karen St. Jean
Address: 8566 West Gulf Blvd.
Treasure Island, FL 33706

FILED
01 NOV -5 PM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. Karen St. Jean, CFO/Sec.
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 012830463
CONTROL NUMBER : K108940
DATE INC/AUTH/FILED: 05/24/1991
JURISDICTION : GEORGIA
PRINT DATE : 10/10/2001
FORM NUMBER : 211

POWELL CARNEY GROSS MALLER ETAL
CARRIE OLIVER
POB 1689
ST PETERSBURG, FL 33731

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CHAPMAN & ASSOCIATES WARRANTY RISK SPECIALISTS, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

FILED
01 NOV 5 PM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Cathy Cox

Cathy Cox
Secretary of State