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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

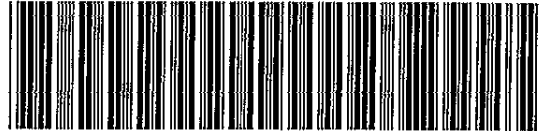
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03 FEB 17 PM 9:07
FEB 17 2003
FEB 17 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RiskCap 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:

Kim LeMere
(Name of Person)
RiskCap Inc
(Firm/Company)
1655 Lafayette Street, Suite 200
(Address)
Denver, CO 80218
(City/State and Zip code)

For further information concerning this matter, please call:

Kim LeMere at (303) 388-5688
(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

**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. RiskCap 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. CO 3. 84-115-2224
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/13/88 5. perpetual
(Date of incorporation) (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. 1655 Lafayette Street, Suite 200 Denver, CO 80218
(Principal office address)

same as above
(Current mailing address)

8. To act as an insurance agency for commercial risks
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

BY: Hiedi M. Liesch, HIEDI M. LIESCH, SPECIAL ASST. SECY.
(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.

FILED
03 FEB 17 AM 9:07
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: see attached sheet

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached sheet

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. Richard Poling / Senior Vice President

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

RISKCAP, INC.
SCHEDULE OF OFFICERS AND DIRECTORS

NAME	TITLE	HOME ADDRESS	BUSINESS ADDRESS
John Michael Murphy	President/ Director	3505 East Flora Place Denver, CO 80210	1655 Lafayette Street Suite 200 Denver, CO 80218
Richard D. Poling	Vice President	4658 Fig Street Golden, CO 80403	1655 Lafayette Street Suite 200 Denver, CO 80218
William D. Rush	Secretary	3643 W. Rosewalk Circle Highlands Ranch, CO 80126	1655 Lafayette Street Suite 200 Denver, CO 80218
Katherine Kranz	Treasurer	12523 W. 2 nd Drive Lakewood, CO 80228	1655 Lafayette Street Suite 200 Denver, CO 80218
Nicole Brannan	Assistant Secretary	7358 Upham Court Arvada, CO 80003	1655 Lafayette Street Suite 200 Denver, CO 80218



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,
hereby certify that, according to the records of this office,

RISKCAP, INC.
(Colorado CORPORATION)
File # 19881105240

was filed in this office on December 13, 1988 and has complied with the applicable provisions
of the laws of the State of Colorado and on this date is in good standing and authorized and
competent to transact business or to conduct its affairs within this state.

Dated: January 10, 2003

For Validation:

Certificate ID: 625920

To validate this certificate, visit the following
web site, enter this certificate ID, then follow the
instructions displayed.

www.sos.state.co.us/ValidateCertificate

Donetta Davidson

SECRETARY OF STATE