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(Address)

(Address)

(City/State/Zip/Phone #)

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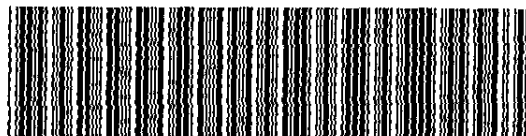
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Builders Insurance Company, 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:

G. Wayne Harris

(Name of Person)

Risk Services - Nevada, Inc.

(Firm/Company)

1800 Second Street, Suite 909

(Address)

Sarasota, FL 34236

(City/State and Zip code)

For further information concerning this matter, please call:

G. Wayne Harris

(Name of Person)

at (800) 226.0793

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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. Builders Insurance Company, Inc.

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

Contractors Insurance Company, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada

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

3. 88-045 3140

(FEI number, if applicable)

4. December 31, 1999

(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. 1210 South Valley View Blvd., Suite 114, Las Vegas, Nevada 89102

(Principal office address)

1210 South Valley View Blvd., Suite 114, Las Vegas, Nevada 89102

(Current mailing address)

8. To write commercial property and casualty insurance coverage

(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: **Michael T. Rogers** License #**D087118**

Office Address: **1800 Second Street, Suite 909**

Sarasota

(City)

, Florida

34236

(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.


(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:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: **See Attached**

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **See Attached**

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 Director or Officer listed in number 12 of the application)

14. **G. Wayne Harris, President**
(Typed or printed name and capacity of person signing application)

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12. Names and business addresses of directors and officers:

Directors:

Patrick Gallagher, Chairman
5465 S. Procyon Avenue, Las Vegas, NV 89118

Sherry Hernandez, Treasurer
2057 E. Maule Avenue, Las Vegas, NV 89118

G. Wayne Harris, President
1800 Second Street, Suite 909, Sarasota, FL 34236

Jack Schreiner, VP - Claims
3380 W. Sahara Avenue, Suite 100, Las Vegas, NV 89102

Arthur White, Claims Committee Chair
2450 Losee Road, #D.N., Las Vegas, NV 89030

James Barnett
2200 Point Rock Lane, Las Vegas, NV 89134

Karen Kerzetski, Secretary
4155 W. Teco Avenue, Las Vegas, NV 89118

Salvatore Gugino, General Counsel
3360 W. Sahara Avenue, Las Vegas, NV 89102

Henry Sharp, G/L Committee Chair
4842 Berg Street, Las Vegas, NV 89031

Thomas Wheeler, Vice President
2207 W. Gowan Road, Las Vegas, NV 89032

Jerry Peck, Safety Committee Chair
3629 W. Hacienda Avenue, Las Vegas, NV 89118

Kenneth Cox, Assistant Secretary
3700 Meade Avenue, Las Vegas, NV 89102

Larry Long
5725 S. Valley View, Suite 4, Las Vegas, NV 89118

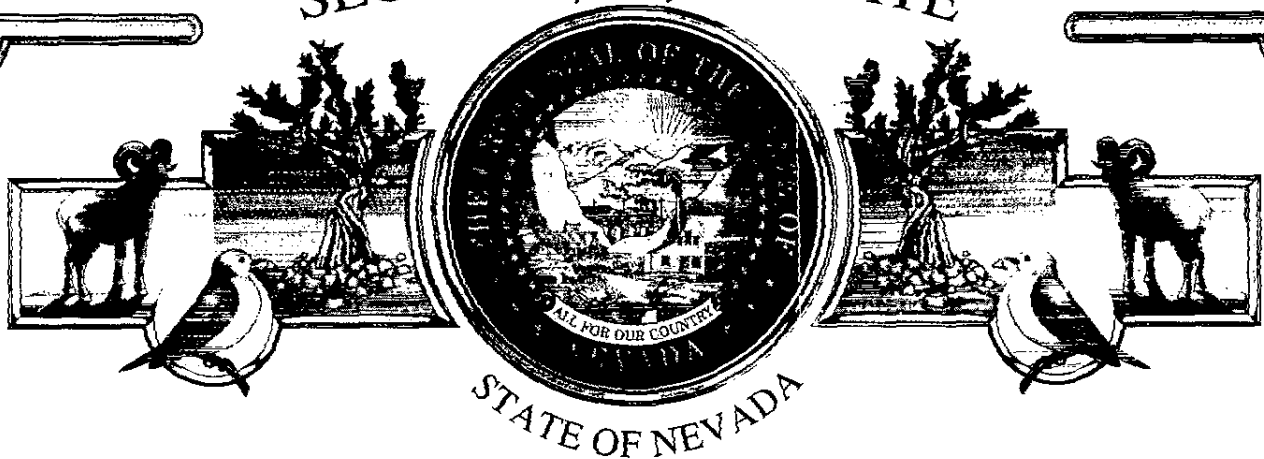
Officers (not included in above list):

Daniel George, Assistant Treasurer
1800 Second Street, Suite 909, Sarasota, FL 34236

Michael Rogers, Assistant Secretary
1800 Second Street, Suite 909, Sarasota, FL 34236

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BUILDERS INSURANCE COMPANY, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 2, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on December 17, 2003.



Dean Heller

DEAN HELLER
Secretary of State

By

Clat

Certification Clerk