

**F04000000181**

04 JAN 6 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**200025885882**

01/06/04--01056--001 \*\*70.00

(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:

**AL**

Office Use Only



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 654-8044  
FAX - (501) 654-6182

GENA BRADSHAW, FLMI  
Chief Executive Officer

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

**FILED**

04 JAN -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 29, 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 **SPECIALTY RISK ASSOCIATES, INC.** 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

**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.

**FILED**

04 JAN -6 AM 11:5

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. SPECIALTY RISK ASSOCIATES, 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. Louisiana

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

3. 72-1005108

(FEI number, if applicable)

4. 9/15/1986

(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. 2800 Youree Dr., #462, Shreveport, LA 71104

(Principal office address)

P.O. Box 4829, Shreveport, LA 71134-0829

(Current mailing address)

8. The business of insurance, functioning as an insurance agency.

(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: C T 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.*

C T Corporation System

By: \_\_\_\_\_

See Attached

(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.

## ACCEPTANCE OF APPOINTMENT

**FILED**  
04 JAN -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: **Specialty Risk Associates, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 10, 2003

CT CORPORATION SYSTEM

By \_\_\_\_\_

Jonathan L. Miles,  
Assistant Secretary

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

A. DIRECTORS

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

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

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

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

Director: John F. Wood, III

Address: 2800 Youree Dr., #462

Shreveport, LA 71104

Director: William D. Slack

Address: 2800 Youree Dr., #462

Shreveport, LA 71104

B. OFFICERS

President: John F. Wood, III

Address: 2800 Youree Dr., #462

Shreveport, LA 71104

Vice President: William D. Slack

Address: 2800 Youree Dr., #462

Shreveport, LA 71104

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

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

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

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

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

13. John F. Wood III

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

14. John F. Wood III, President

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

FILED  
04 JAN -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
State of Louisiana

**Jox McKeithen**  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
SPECIALTY RISK ASSOCIATES, INC.

A LOUISIANA corporation domiciled at SHREVEPORT,

Filed charter and qualified to do business in this State on  
September 15, 1986,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

October 6, 2003

*Jox McKeithen*

JCO 34218255D

*Secretary of State*

