

F04000002583

(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:

Name
Availability

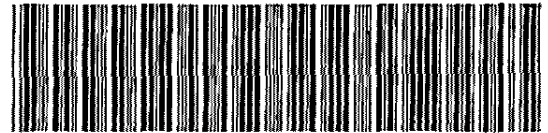
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TALLAHASSEE, FLORIDA

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THE NATIONAL[®]
Registry
of
Agents & Brokers

10077 Grogan's Mill Road, Suite 300
The Woodlands, Texas 77380

April 29, 2004

Via Airborne Express

281-367-0380
281-364-1452 fax
www.mglconsulting.com

Florida Department of State
Division of Corporations
Capitol, Plaza Level - Room 2
Tallahassee, Florida 32399

RE: Barkly Coverage Corp. - Request for Certificate of Authority for Florida

Dear Sir/Madam:

With regard to the above captioned matter, we would like to request a Certificate of Authority regarding Barkly Coverage Corp. Our client has asked that we handle their insurance agency licensing and state registration with the State of Florida. Therefore, on behalf of our client, enclosed please find the following documents:

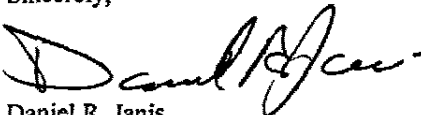
1. One (1) originally executed Florida Certificate of Authority application;
2. One (1) original Certificate of Good Standing from the state of New York; and
3. One (1) check in the amount of \$78.75 to cover the fee.

Please return the approved Certificate of Authority in the enclosed Airborne Express envelope to my attention at the following address:

MGL Consulting Corporation
Attention: Insurance Division - Dan Janis
10077 Grogan's Mill Road, Suite 300
The Woodlands, Texas 77380

Should you have any questions regarding this request or require additional documentation, please call me directly.

Sincerely,



Daniel R. Janis
Associate

Enclosures (as stated)

cc: Mr. Charles J. Weisblum (w/enclosures)

a division of ...

MGL Consulting Corporation
Leaders in Registration and Compliance[™]

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barkly Coverage Corp.
(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:

Ms. Debra Schaps
(Name of Person)
MGL Consulting, Inc.
(Firm/Company)
10077 Grogan's Mill Road, # 302
(Address)
The Woodlands, Tx 77380-103
(City/State and Zip code)

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For further information concerning this matter, please call:

Debra Schaps or Daniel Jamis at (281) 367-0380
(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. Barkly Coverage Corp.
(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 3. 13-3480166
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/19/1987 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(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. 100 William Street, New York, NY 10038
(Principal office address)
same
(Current mailing address)

8. Formation of a non-resident 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/o C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA
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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: Howard L. Volz
(Registered agent's signature) **Howard L. Volz**
Asst. Secretary

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: Charles J. Weisblum

Address: 100 William Street

New York, NY 10038

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Charles J. Weisblum, CEO

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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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. Charles J. Weisblum, Chairman / CEO

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

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of BARKLY COVERAGE CORP. was filed on 11/19/1987, under the name of MLW MARINE, LTD., 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.

A Certificate of Amendment MLW MARINE, LTD., changing its name to BARKLY COVERAGE CORP., was filed 05/19/1989.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of March
two thousand and four.*

A handwritten signature in black ink, appearing to read "Ray A. DeS...".

Secretary of State

200403250140 * 07

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TALLAHASSEE, FLORIDA

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