

FO4000004228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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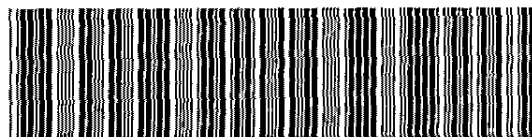
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL ASSURANCE GROUP 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:

H.B. STIVERS

(Name of Person)

LEVINE & STIVERS

(Firm/Company)

245 EAST VIRGINIA STREET

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip code)

For further information concerning this matter, please call:

H.B. STIVERS

(Name of Person)

at (850) 222-6580

(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. CAPITAL ASSURANCE GROUP INC.

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

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

2. PENNSYLVANIA

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

3. 23-3063786

(FEI number, if applicable)

4. December 2000

(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. 656 East Swedesford Road, Suite 102, Wayne, Pennsylvania 19087

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. TITLE INSURANCE AND ANY OTHER LAWFUL PURPOSE

(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: **H.B. STIVERS**

Office Address: **245 EAST VIRGINIA STREET**

TALLAHASSEE

(City)

, Florida **32301**

(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:

A. DIRECTORS

Chairman: **GEORGE KOTSOPOULOS**

Address: **656 East Swedesford Road, Suite 102**

Wayne, Pennsylvania 19087

Vice Chairman: **BARBARA J. MELOY**

Address: **656 East Swedesford Road, Suite 102**

Wayne, Pennsylvania 19087

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **GEORGE KOTSOPOULOS**

Address: **656 East Swedesford Road, Suite 102**

Wayne, Pennsylvania 19087

Vice President: _____

Address: _____

Secretary: **GEORGE KOTSOPOULOS**

Address: **656 East Swedesford Road, Suite 102, Wayne, Pennsylvania 19087**

Treasurer: **BARBARA J. MELOY**

Address: **656 East Swedesford Road, Suite 102, Wayne, Pennsylvania 19087**

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. _____

GEORGE KOTSOPOULOS, PRESIDENT

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

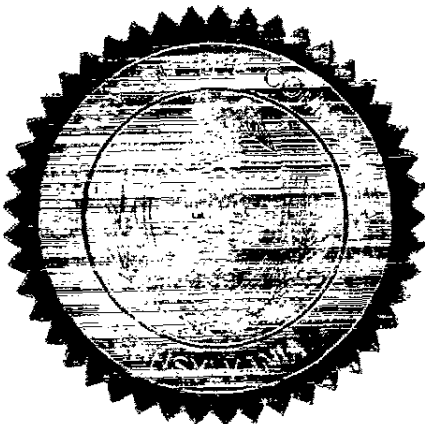
July 07, 2004

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

CAPITAL ASSURANCE GROUP, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Richard A. Centes
Secretary of the Commonwealth

STMARTZ