F0400000 4512

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	.
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
wal m	200	
W4-000	oy	
UU4-283 1955, 647,	671	
•	Office Use On	ly



100039115901

07/22/04--01051--002 **78.75

O4 AUG-5 PH 1:30

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Quiver Holdings, Inc. (Name of corporation - must include suffix)
(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:
(Name of Person)
ALPHA + OMEGA GLOBAL RISK MANAGEMENT, LP (Firm/Company)
(Firm/Company)
319 CLEMATIS ST., STE 408-A FE 5
(Address)
WEST TACM DEACH, PC. 33 FOT ST. OF ST.
(City/State and Zip code)
The state of the s
(City/State and Zip code) For further information concerning this matter, please call:
GAU C. FLANABAN 4561 \ 655-2002
(Name of Person) at (56/) 655-2002 (Area Code & Daytime Telephone Number)
(
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee \$\ S78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 23, 2004

GAIL C. FLANAGAN 319 CLEMATIS ST STE. 408-A WEST PALM BEACH, FL 33401

SUBJECT: QUIVER HOLDINGS, INC.

Ref. Number: W04000028329

We have received your document for QUIVER HOLDINGS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 804A00046660 €

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN CURPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Briter name of corporation, must include 'INCOKPORATED," "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) (State or country under the law of which it is incorporated)

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

(Fig mamber, if applicable)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SER SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 101 Convention Center Dr. # 700, Lus Veges, NV 89/09
(Principal office address)

319 CLEMATIS St., Stc 408A, WEST Palm Beach, FC 33801
(Current mailing address) Tusurance Marketing
(Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: WEST PACE BEACH , Florida 3340/ 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 previous 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. DIRECTOR		
Chairman:	Michael L. Potter, Esq.	
Address:	101 Convention Center Dr.	
	Las Vegas, NV 89109	
Vice Chairman:	· · · · · · · · · · · · · · · · · · ·	
Address:		
Director:	Michael L. Potter, Esq.	
	101 Convention Center Dr.	
	Las Vegas, NV 89109	
Address:		
• 11 · EII		
B. OFFICERS		
President:	Michael L. Potter, Esq.	
Address:	Michael L. Potter, Esq. 101 convention Center Dr. Ste 700 P. Las Vegas, NV 89109 P.	
	Las Vegas, NV 89109 == = 11	
	Daniel Mann 55 5	
Address:	2824 Landau Ct.	
<u></u>	Henderson NU 89074	
Secretary:	Michael L. Potter, Esq. Stc 7005	
Address:	101 Convention Center Dr. Las Vegas, NV 89100	ĺ
Treasurer:	Michael L. Potter, Esq. Ste 700	
Address:	101 Convention Center Dr. Las Vegas, NV 8910	c
NOTE: If neces	sary, you may attach an addentify to the application listing additional officers and/or directors.	
13.	(Signature of Director or Officer listed in number 12 of the application)	
14	Daniel Mann, Vice President	
	(Typed or printed name and capacity of person signing application)	



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, **QUIVER HOLDINGS, 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 November 10, 2003, 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 August 3, 2004.

DEAN HELLER

en Helle

Secretary of State

Gentification Clerk