

F 05000000272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

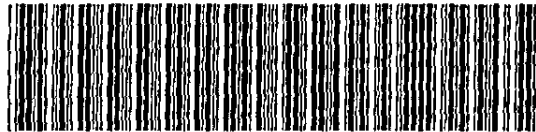
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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BY OVERNIGHT DELIVERY  
(UPS or USPS)

Jardine House  
13 Cornell Road  
Latham, NY 12110  
Main Office: 518.782.3000  
Fax: 518.782.3202  
Website: [www.jltservices.com](http://www.jltservices.com)

January 3, 2005

To: State of *Florida*

Dear Sirs:

Enclosed please find the application of Capital Risk, Inc. for qualification to do business in your state, together with a check in payment of the filing fee and a certificate of good standing from the State of Delaware, its state of incorporation.

If there are any deficiencies in this filing please contact the undersigned by e-mail to [jscarborough@jltservices.com](mailto:jscarborough@jltservices.com) or by phone to (518) 782-3173.

Yours truly,

A handwritten signature in black ink, appearing to read "Jay Scarborough", written over a horizontal line.

Jay Scarborough

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STATE  
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OF STATE  
TREASURY  
DEPARTMENT

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Risk, 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:

Jay Scarborough

(Name of Person)

JLT Services Corporation

(Firm/Company)

13 Cornell Road

(Address)

Latham, NY 12110

(City/State and Zip code)

For further information concerning this matter, please call:

Jay Scarborough

(Name of Person)

at (518 ) 728-3173

(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

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TALLAHASSEE, FLORIDA

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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 Risk, 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. Delaware

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

3. 76-0774655

(FEI number, if applicable)

4. December 28, 2004

(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. 13 Cornell Road, Latham, NY 12110

(Principal office address)

13 Cornell Road, Latham, NY 12110

(Current mailing address)

8. insurance brokerage

(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301

(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.*

NRAI Services, Inc.

By: Becaldine Miranda

(Registered agent's signature)

BECALDINE MIRANDA

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

**A. DIRECTORS**

Chairman: Jay Scarborough

Address: 13 Cornell Road

Latham, NY 12110

Vice Chairman: David J. Gosstola

Address: 13 Cornell Road

Latham, NY 12110

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Jay Scarborough

Address: 13 Cornell Road

Latham, NY 12110

Vice President: none

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

Secretary: David J. Gosstola

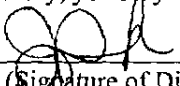
Address: 13 Cornell Road, Latham, NY 12110

Treasurer: David J. Gosstola

Address: 13 Cornell Road, Latham, NY 12110

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SECRETARY OF STATE  
TALLAHASSEE FL 32311

**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. Jay Scarborough, President  
(Typed or printed name and capacity of person signing application)

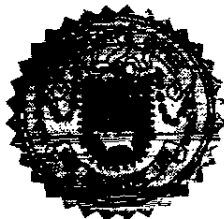
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL RISK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3903592 8300

040946122

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3583388

DATE: 12-29-04