F05000003982

(Requestor's Name)	
(Address)	600056723696
(Address)	
(City/State/Zip/Phone #)	07/06/0501020028 **87.50
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	M. HODGES
Special Instructions to Filing Officer:	
	(n)

Office Use Only

TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT: N	ewstead Insurance Co		
	(Name of corpo	ration - must include suffix)
Dear Sir or Madam:			
	ation by Foreign Corporation ce," and check are submitted orida.		
Please return all corres	spondence concerning this ma	atter to the following:	
	Tracy Bowden		
	(Nam	ie of Person)	
	Newstead Insurance	Company	
		/Company)	· ·
	5080 Spectrum Drive	Suite 900 Fast	
		Address)	
	Addison Morros 75	007	
<u> </u>		001 ate and Zip code)	
	(519/51		
For further information	n concerning this matter, plea	se call:	
Nancy Self	at (97:	2) 664-7010	
(Name of Per		rea Code & Daytime Teleph	none Number)
STREET AD Registration So Division of Co 409 E. Gaines Tallahassee, F	ection orporations St.	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
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	图 \$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.	Newsto	ead Insurance Compan	у	- 	i Limate Elicino estas estas estas i		~ -	
. (Enter name of co	poration, must include "INCO	RPORATED,"	"COMPANY," "CORPOR	LATION,"		_	
,	'Inc.," "Co.," "Co:	rp," "Inc," "Co," or "Corp.")	-	-			-, -	
					water A			
7	If name unavailab	de in Florida, enter alternate co	profete name ad	opted for the purpose of tra	msacuno husiness	in Florida	<u> </u>	
,	`	·	-	- , ,	-		,	
2.	Delawa	are rider the law of which it is inco	3.	77-0636729			٠	. ***
(State or country in	nder the law of which it is inco	rporated)	(PE) number	, if applicable)			
,	F /01 /F	1.1	*	_				
4.	5/21/0	14 of incorporation)		perpel na l Duration: Year corp. will	resea to exist or "in	omenial ^m i	_	
		2 22 02 7 0 10 12 02 7	,	a action a control train	out to said to p	cipcium)		
6.	n/a					·		
				lorida, if prior to registrati				
		(SEE SECTIONS 60%	(30) & 607.130;	2, F.S., to determine penalt	/ liability)			
7.	5080 S	pectrum Or. Suite 9	00 East	Addison, Texas	75001			
			pal office addres					
		1						
_	same a	s above	it mailing addres				_	-*
		(Curu	it maining addres	ıs)				
						-		
8.	Insura	nce Company				ره م عنق	-05	. ~-
	(Purposo(s)	of corporation authorized in ho	me state or cour	ary to be carried out in stat	e of Florida)			
0 3	Vome and etreat	address of Florida registered	Sagent: /P/III	Roy NIOT accentables		•	}= "	
<i>-</i> . 4	Tune mid 30001	traction of a location to grantee to	agent. (1.0.)	our <u>mor</u> acopamic,				· · · · · · · · · · · · · · · · · · ·
	Name:	CT Corporation S	ystems	· ·				1
			_				= -	
Off	ice Address:	1200 South Pine	Island Rd.				NO 3	
		Diestantan				:	េក	
		Plantation, (City)		, Florida <u>33324</u> (Zip code)		-	€Ö¥	
		(City)		(Zip code)				
10	Registered age	nt's acceptance:						
		i as registered agent and to	accept service	of process for the above	stated cornorati.	on at the	nlace	
desi	gnated in this a	oplication, I hereby accept t	he appointmen	it as registered agent an	d agree to act in	this capa	city. I	
furt.	her agree to con	aply with the provisions of a	ill statutes rela	tive to the proper and co	mplete performa	ince of m	y duties,	
and	I am familiar w	ith and accept the obligatio	ns of my positi	on as registered agent.		_		
			Ψ	erri Atteberry				
		Λ. –	î Ace	istant Secretary				
		J) G		Append 4-1				-
		(Registered agent	('s givenstone)					
		troduction aftern	· · differentiate.)					

- 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: William Ashley Address: 5080 Spectrum Dr. Suite 900 East Addison, Texas 75001 Vice Chairman: <u>David Heatherly</u> 5080 Spectrum Dr. Suite 900 East Address: Addison, Texas 75001 Director: Richard Primerano Address: ____5080 Spectrum Dr. Suite 900 East___ Addison, Texas 75001 Director: Mike Nuenke 5080 Spectrum Dr. Suite 900 East Address: __ Addison, Texas 75001 **B. OFFICERS** President: David Heatherly Address: 5080 Spectrum Dr Suite 900 East Addison, Texas 75001 Vice President: Richard Primerano Address: 5080 Spectrum Dr. Suite 900 East Addison, Texas 75001 Secretary: Tracy Bowden Address: 5080 Spectrum Dr. Suite 900 East Addison, Texas 75001 Treasurer: Woldemar W. Schlaegel 5080 Spectrum Dr. Suite 900 East Addison, Texas 75001 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

Tracy Bowden

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWSTEAD INSURANCE COMPANY" 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 THIRTIETH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Darriet Smith Windson, Secretary of State

7 3. 2.....

AUTHENTICATION: 3992792

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3807762

DATE: 06-30-05