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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: National Risk Management Services 170	· .
0020	(Name of corporation	- must include suffix)
Dear S	Sir or Madam:	
"Certif	enclosed "Application by Foreign Corporation for A ificate of Existence," and check are submitted to react business in Florida.	
Please	e return all correspondence concerning this matter t	o the following:
Jodi La	ash	
	(Name of )	Person)
J. Lash	h & Company	
	(Firm/Con	ppany)
40 Win	interberry Lane, Suite A	
	(Addre	ss)
Morela	and Hills, Ohio 44022	
	(City/State ar	nd Zip code)
For fui	urther information concerning this matter, please ca	
odi Las	ash at ( 440	) 248-2117
	(Name of Person) (Area Co	ode & Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclos	sed is a check for the following amount:	
<b>X</b> \$70	0.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & r \\ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 5, 2005

JODI LASH J. LASH & COMPANY 40 WINTERBERRY LANE, SUITE A MORELAND HILLS, OH 44022

SUBJECT: NATIONAL RISK MANAGEMENT SERVICES, INC.

Ref. Number: W05000045977

We have received your document for NATIONAL RISK MANAGEMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name 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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 405A00060523

## 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.	National Risk M	angement Services, Inc.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	11101, 001, 01	,,,					
	NOMS	Inc					
	(If name unavaila	ible in Florida, enter alternate corporate na	me adopte	d for th	he purpose of transacting	business in Flor	rida)
		······································					,
2.	Ohio		3. <u>34-</u> 17	05721	(FEI number, if appli		
		under the law of which it is incorporated)			(FEI number, if appli	cable)	
4.		9/92	5. Perpe	tual			
	(Date	of incorporation)	(Dura	ation:	Year corp. will cease to	exist or "perpetu	ıaJ")
6.							
٠.	(Date first transacted business in Florida, if prior to registration)						
		(SEE SECTIONS 607,1501 & 60	7.1502, F.:	S., to d	letermine penalty liability	y)	
7.	7181 Chagrin Ro	ad, #230, Chagrin Falls, Ohio 44023					
•		(Principal office	address)				
	7181 Chagrin Ro	ad, #230, Chagrin Falls, Ohio 44023					
	(Current mailing address)						
8.	Sale of Insurance	2					
		) of corporation authorized in home state of	or country	to be ca	arried out in state of Flor	rida)	
۸	Managara da	t address of Manido monistered opents	m O Dan	NOT	`aaantahla\	근의 달	;
Э.	. Name and stree	t address of Florida registered agent: (	(F.O. B0x	IVOI	_acceptable)		,
	Name:	C T Corporation System					, , ,
_		1200 Cauth Bine Island Band				25.55	
O	ffice Address:	1200 South Pine Island Road				4.1	<del>.</del>
		Plantation		Floric	da <u>33324</u>		ر پر
		(City)			(Zip code)	41.34	TD
1.	3 - <b>T</b> 3 * . 4 3						<b>ာ</b>
1(	). Kegistered ag	gent'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.

JOYCE A. GILBERT

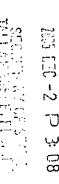
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	
Chairman: Thomas A. Lucci	
Address: 7181 Chagrin Road, #230, Chagrin Falls, Ohio 44023	
Vice Chairman: Patrick V. Dull	
Address: 7181 Chagrin Road, #230, Chagrin Falls, Ohio 44023	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Thomas A. Lucci	
Address: 7181 Chagrin Road, #230, Chagrin Falls, Ohio 44023	
Vice President:	72 ST
Address:	
Secretary: Patrick V. Dull	1 - 10
Address: 7181 Chagrin Road, #230, Chagrin Falls, Ohio 44023	(4)
Treasurer: Patrick V. Dull	0.8
Address: 7181 Chagrin Road, #230, Chagrin Falls, Ohio 44023	
- Laurest - Laur	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. The frecas	
(Signature of Director or Officer listed in number 12 of the applic	cation)
14. Thomas A. Lucci President  (Typed or printed name and capacity of person signing applicat	ion)
(Typed of printed fiathe and capacity of person signing applicat	ion,

12. Names and business addresses of officers and/or directors:

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show NATIONAL RISK MANAGEMENT SERVICES, INC., an Ohio Corporation, Charter No. 817014, having its principal location in Cleveland, County of Cuyahoga, was incorporated on April 09, 1992, and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of September, A.D. 2005.

Ohio Secretary of State

Validation Number: 200526202960