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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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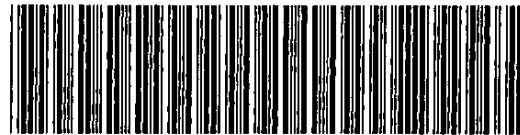
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton JAN 03 2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Florida Choice Insurance Company Ltd  
(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:

Usher L. Brown, Esquire

(Name of Person)

Brown, Garganese, Weiss & DAgresta, P.A.

(Firm/Company)

225 East Robinson Street, Suite 660

(Address)

Orlando, Florida 32802

(City/State and Zip code)

For further information concerning this matter, please call:

Usher L. Brown at ( 407 ) 425-9566

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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. Florida Choice Insurance Company Ltd  
(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. St. Kitts 3. 98-0517561  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 20, 2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. December 28, 2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Leeward Cove, P.O. Box 1986, Frigate Bay, St. Kitts  
(Principal office address)

5224 West State Road 46, #375, Sanford, Florida 32771

(Current mailing address)

**Investments**

8. \_\_\_\_\_  
(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 NOT acceptable)

Name: Usher L. Brown, Esquire

Office Address: 225 East Robinson St., Ste 660

Orlando, Florida, Florida 32802  
(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.*

U2 Bm

(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Corporate Solutions, Ltd

Address: P.O. Box 1986, Leeward Cove, Frigate Bay, St. Kitts

Director: Heritor Management, Ltd

Address: Suite 1, Henville Bldg, Main Street, Charlestown, Nevis

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: Corporate Solutions, Ltd

Address: P.O. Box 1986, Leeward Cove, Frigate Bay, St. Kitts

Treasurer: Dennis K. Towell,

Address: 1150 Albright Road, Sanford, Florida 32771

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. Dennis K. Towell Officer/Treasurer

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

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TALLAHASSEE, FLORIDA

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# Saint Christopher and Nevis

FINANCIAL SERVICES

Certificate of Incorporation

No. 004734

I hereby Certify that

Florida Choice Insurance Company Ltd.

was this day incorporated under The Companies Act (No. 22 of 1996) as a Private Exempt Company with limited liability.

Given under the Hand and Seal of the Registrar of Companies,  
Saint Christopher, this 20th day of December, 2006

*Deputy Registrar of Companies*

