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| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · | | |
|-------------------------|--------------------|---------------------------------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| . (Bu | siness Entity Nan | ne) | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Professional Liability Insurance Services, Inc. dialia. |
| (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: |
| Anthony Johnson |
| (Name of Person) |
| Akin and Almanza |
| (Firm/Company) |
| 2301 S. Capital of Texas Highway, Building H |
| (Address) |
| Austin, Texas 78746 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Anthony Johnson at (512) 474-9486 |
| (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$\bigcup \$78.75 Filing Fee & \bigcup \$78.75 Filing Fee & \bigcup \$87.50 Filing Fee, Certificate of Status & Certified Copy 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.

| | | | adopted for the purpose of transacting business in Florida |
|--|----------------------|-----|--|
| Texas | | 3. | (FEI number, if applicable) |
| (State or country under the law of which | | | |
| June 6, 1988 | | 5. | Perpetual |
| (Date of incorporation) | | | (Duration: Year corp. will cease to exist or "perpetual") |
| | | | |
| | | | Florida, if prior to registration) 02, F.S., to determine penalty liability) |
| 8015 Bronco Lane, La | | | |
| | (Principal office a | | |
| 8015 Bronco Lane, L | ago Vista. | T) | X 78645 |
| | (Current mailing a | | |
| | | | |
| Insurance | | | |
| (Purpose(s) of corporation authori | zed in home state or | col | untry to be carried out in state of Florida) |
| Name and street address of Florida re | egistered agent: (F | P.O | . Box NOT acceptable) |
| Name: Capitol Cor | porate Ser | νi | ces, Inc. |
| fice Address: 155 Office | Plaza Drive | ⋺, | Ste A |
| Tallahasse | 9 | | , Florida 32301 |
| | | | |

Ollanie Case, asst. sec.

(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. DIRECTORS |
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| Address: |
| |
| David J. Hanley II |
| Address: 8015 Bronco Lane, Lago Vista, TX 78645 |
| |
| Director: Pamela J. Ritz |
| Address: 8015 Bronco Lane, Lago Vista, TX 78645 |
| |
| B. OFFICERS |
| President: David J. Hanley II |
| Address: 8015 Bronco Lane, Lago Vista, TX 78645 |
| |
| Vice President: Pamela J. Ritz |
| Address: 8015 Bronco Lane, Lago Vista, TX 78645 |
| |
| Secretary: |
| Address: |
| Treasurer: |
| Address: |
| |
| NOTE: Innecessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. Wavid & Hauley 78 (Signature of Director or Officer listed in number 12 of the application) |
| David J. Hanley II, President |

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

Roger Williams Secretary of State

Corporations Section
P.O:Box 13697
Austin, Texas 78711-3697

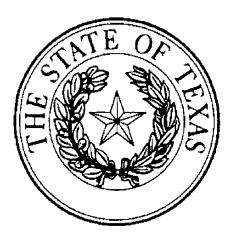


Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for PROFESSIONAL LIABILITY INSURANCE SERVICES, INC. (filing number: 107929300), a Domestic For-Profit Corporation, was filed in this office on June 06, 1988.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 13, 2007.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Roger Williams

Roger Williams Secretary of State



Texas Comptroller of Public Accounts

SUSAN COMBS · COMPTROLLER · AUSTIN, TEXAS 78774

February 13, 2007

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office

PROFESSIONAL LIABILITY INSURANCE SERVICES INC

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time. This certificate is valid through the date that the next franchise tax report will be due May 15, 2007.

This certificate does not make a representation as to the status of the corporation's Certificate of Authority, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law. This certificate is not valid for the purpose of dissolution, merger, or withdrawal.

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 13th day of February 2007 A.D.

Susan Combs

Texas Comptroller

Taxpayer number: 17602535944 File number: 0107929300

Form 05-304 (Rev. 02-03/14)