

**F10000002410**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

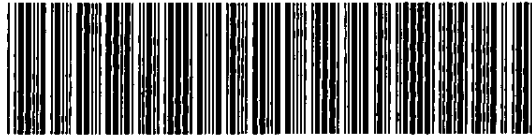
(Document Number)

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

Special Instructions to Filing Officer:

**RECEIVED APR 26 2010**

Office Use Only



**900175906719**

04/27/10--01011--005 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 21 AM 8:05

APPROVED  
AND  
FILED

VH

~~1111 2010/10/24~~

## COVER LETTER

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

**SUBJECT:** A-B RISK MANAGEMENT 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," or "Certificate of Good Standing" 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:**

O. C. ALLEN Name of Person

AB RISK MANAGEMENT INC.  
Firm/Company

P.O. Box 16906  
Address

Jacksonville, FL 32245  
City/State and Zip code

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

O. C. ALLEN at (904) 714-8008  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2010

O.C. ALLEN  
PO BOX 16906  
JACKSONVILLE, FL 32245

SUBJECT: A B RISK MANAGEMENT INC.  
Ref. Number: W10000020464

We have received your document for A B RISK MANAGEMENT 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00010448

**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. A-B RISK MANAGEMENT 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. GEORGIA 3. 58-2017181  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOV. 3, 1992 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. \_\_\_\_\_  
(Principal office address)  
P.O. Box 16906 Jacksonville, FL 32245  
(Current mailing address)

8. Life Insurance Agency  
(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: O.C. Allen

Office Address: 10960 Beach Blvd. Lot 291  
Jacksonville, Florida 32246  
(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.*

O.C. Allen  
(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.

10 MAY 21 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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

APPROVED  
AND  
FILED

A. DIRECTORS

Chairman: O.C. Allen / President / Director 10 MAY 21 AM 8:05

Address: 10960 Beach Blvd Lot 291  
Jacksonville, FL 32246 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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

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

B. OFFICERS

President: O.C. Allen

Address: 10960 Beach Blvd. Lot 291  
Jacksonville, FL 32246

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

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

Secretary: Adam Acree

Address: 5349 Harvest Ridge Ln Birmingham, AL 35242

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. O.C. Allen

(Signature of Director or Officer listed in number 12 of the application)

14. O.C. Allen President

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

Control No. K218781

## STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

10 MAY 21 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED

# CERTIFICATE OF EXISTENCE

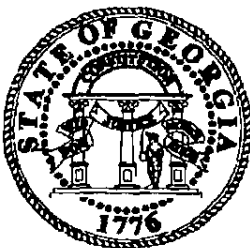
I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

**A-B RISK MANAGEMENT, INC.****Domestic Profit Corporation**

was formed or was authorized to transact business on 09/17/1992 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of May, 2010

*B. P. Kemp*

Brian P. Kemp  
Secretary of State