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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Daawaya Muushaa)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

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COVER LETTER

TO:	O: New Filing Section Division of Corporations						
SUBJ	ECT: _sout	hern National Ri (Name of corp		angement Corpat n - must include suffix)	ion		-
Dear S	Sir or Madam:						
"Certi		tion by Foreign Corporation c," and check are submitted					
Please	return all corresp	nondence concerning this	matter	to the following:			
	Rov Wa	Horton					
		(Na	ime of	Person)			
	South	ern National Ris	c Mai	nagement Corpor	ation		
	Doucin	 		mpany)	2020		
	5050			4.00			
	6363 [N. State Hwy 161,	, SEG (Addr				
	Tuesdan	- my 75030	•	,			
	Irving	7, TX 75038	State	and Zip code)			
		(City/	Diate t	ina Zip coacj			
For fu	rther information	concerning this matter, p	lease c	all:			
<u>J</u>	udy Pietz	at (214) 493-4226		281	DIY.
	(Name of Pers	on) (Area (Code & Daytime Teleph	one Number)	2018 AUG 10	AND AND
	STREET/COU	JRIER ADDRESS:		MAILING A	DDRESS:	=	35 C
New Filing Section New Filing Section			300				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			မ္	* 57			
	2661 Executive Tallahassee, FL	Center Circle		Tallahassee, F		_	
Enclos	sed is a check for	the following amount:					
□ S70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	□\$87.50 Filit Certificat Certified	e of Sta	tus &



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2010

ROY W. HORTON 6363 N. STATE HWY 161 SUITE 100 IRVING, TX 75038

SUBJECT: SOUTHERN NATIONAL RISK MANAGEMENT CORPORATION

Ref. Number: W10000034203

We have received your document for SOUTHERN NATIONAL RISK MANAGEMENT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,110.00.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 810A00018995

SECRETARY OF STAR 39



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July 21, 2010

ROY W. HORTON 6363 N. STATE HWY 161 SUITE 100 IRVING, TX 75038

SUBJECT: SOUTHERN NATIONAL RISK MANAGEMENT CORPORATION

Ref. Number: W10000034203

We have received your document for SOUTHERN NATIONAL RISK MANAGEMENT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,100.00.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 110A00017673

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. <u>Southern</u> (Enter name of co "Inc.," "Co.," "Co	National Risk Manager orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.")	ment Corporation RATED," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporation	te name adopted for the purpose of transacting bu	isiness in Florida)
	~	(Marian)	
2. Louisiana (State or country t	inder the law of which it is incorporat	red) 72–1201977 (FEI number, if applicab	ole)
4. <u>7/31/19</u> 9	91	5. Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist	st or "perpetual")
j. 00	ctober 1, 2006		
		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
7. <u>333 Tex</u> a	as Street, Ste. 725,Sh	nreveport, LA 71101	944
6363 N 9	State Hwy 161, Ste. 10		
0303 N. V		iling address)	
(Purpose(s		orporations may be formed tate or country to be carried out in state of Florida out: (P.O. Box NOT acceptable)	2010 AUG 10
Name:	James Fronte	NAMES OF THE PROPERTY OF THE P	- Table
Office Address:	801 Brickell Ave, S	Ste 1450	سرا م '
	Miami(G)	, Florida <u>33131</u>	AN 11: 39
	(City)	(Zip code)	ت ع
designated in this f further agree to co	ed as registered agent and to accep application, I hereby accept the ap	pt service of process for the above stated corposition of process for the above stated corposition as registered agent and agree to attest relative to the proper and complete performs from the proper and complete performs from the proper and complete performs from the properties of the process of the process from the process of the process from the process for the process from the process from the process from the process for the process from t	act in this capacity.
	Inc. hos		
	(Registered agent's sig	gnature)	

- 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:

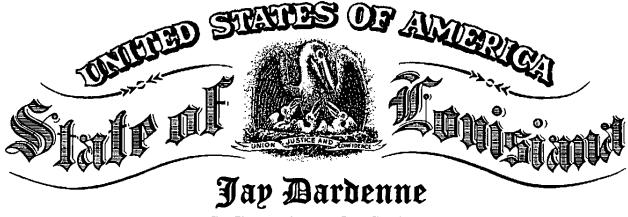
A. DIRECTORS		WALTER THE	abbig. Producti
	See attached listing	10 214 214	AF:11:39
Address:		MIR HOD 1	
Address:			
B. OFFICERS			
President:			
Address:			

NOTE: If precessary	y, you may attach an addendum to the application lists Corporate Sare (Signature of Director or Officer listed in number I	ing additional officers and/o (a/) 2 of the application)	r directors.
4Roy_WI	Horton, Corporate Secretary (Typed or printed name and capacity of person si	gning application)	



Southern National Risk Management Directors & Officers

Title	Name	Address
President	Clessie F. Titus	6363 N. State Hwy 161, Ste 100, Irving, TX 75038
Treasurer	Jerry Mackey	6363 N. State Hwy 161, Ste 100, Irving, TX 75038
Secretary	Roy W. Horton	6363 N. State Hwy 161, Ste 100, Irving, TX 75038
Ass't Secretary	Roberta Anderson	Wall Street Plaza, 88 Pine St., New York, NY 10005
Ass't Secretary	Pete Maloney	Wall Street Plaza, 88 Pine St., New York, NY 10005
Director	Laura Hinson	6363 N. State Hwy 161, Ste. 10,0 Irving, TX 75038
Director	John Rumpler	Wall Street Plaza, 88 Pine St., New York, NY 10005
Director	Jerry Mackey	6363 N. State Hwy 161, Ste 100, Irving, TX 75038
Director	Peter Maloney	Wall Street Plaza, 88 Pine St., New York, NY 10005



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

SOUTHERN NATIONAL RISK MANAGEMENT CORPORATION

A corporation domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on July 31, 1991.

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 1, 2010



Certificate ID: 10080757#D5P83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed. www.sos.louisiana.gov

Web GSC