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Division of Corporations

Florida Department of State  
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To: Division of Corporations  
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**\*RE-SUBMIT\***

FROM: Account Name : C T CORPORATION  
Account Number : PCA000000023  
Phone : (850)222-1092  
Fax Number : (850)876-5368

Please retain original filing date of submission 10/27/10

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
FROST SPECIALTY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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August 27, 2010

C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: FROST SPECIALTY INC.  
REF: W10000040539

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

The document number of the name conflict is M10000000004 (FROST SPECIALTY INC.)

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E10000191754  
Letter Number: 110A00020594

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. Frost Specialty 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. Delaware 3. 27-3213158
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 08/03/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1117 17th Avenue South, Nashville, TN 37212
(Principal office address)

1 State Street Plaza, 9th Floor, New York, NY 10004
(Current mailing address)

8. To engage in any lawful act or activity, including insurance brokerage, agency or related activities.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

C T Corporation System

By:

[Handwritten signature]

(Registered agent's signature)

Sandra Ortega
Assistant Secretary

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: Peter Garvey  
Address: 1 State Street Plaza, 9th Floor  
New York, NY 10004

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

Director: William Goldstein  
Address: 1 State Street Plaza, 9th Floor  
New York, NY 10004

Director: William Costantini  
Address: 1 State Street Plaza, 9th Floor  
New York, NY 10004

**B. OFFICERS**

President: Robert Frost  
Address: 1117 17th Avenue South  
Nashville, TN 37212

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

Secretary: William Costantini  
Address: 1 State Street Plaza, 9th Floor, New York, NY 10004

Treasurer: William Goldstein  
Address: 1 State Street Plaza, 9th Floor, New York, NY 10004

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

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)

14. William Costantini, Secretary  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FROST SPECIALTY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8189283

DATE: 08-24-10