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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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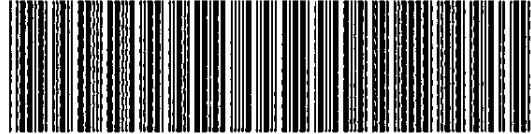
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Sunland Risk Retention Group, 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:

Charla M. Smyser

Name of Person

Sunland Risk Retention Group, Inc.

Firm/Company

14362 North Frank Lloyd Wright Blvd. Ste 1000

Address

Scottsdale, AZ 85260

City/State and Zip code

charla.smyser@lionheartinsurancegroup.com

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

For further information concerning this matter, please call:

Charla Smyser

Name of Person

at ( 800 ) 800-4324 x 2

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. Sunland Risk Retention Group, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

n/a

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 27-4541341

(FEI number, if applicable)

4. 1/7/2011

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

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

7. 14362 N. Frank Lloyd Wright Blvd. Ste 1000, Scottsdale, AZ 85260

(Principal office address)

same

(Current mailing address)

8. Captive insurance company

(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

(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.*

See attached

(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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Chairman: CH DeHaan

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: 29711 138th Place, Ste. 1

Scottsdale, AZ 85262

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

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

Director: Craig Taylor

Address: 7201 Shallowford Road, Ste. 200

Chattanooga, TN 37421

Director: Byron Defoor

Address: 7201 Shallowford Road, Ste. 200

Chattanooga, TN 37421

**B. OFFICERS**

President: CH DeHaan

Address: 29711 138th Place, Ste. 1

Scottsdale, AZ 85262

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

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

Secretary: Charla Smyser

Address: 14362 N. Frank Lloyd Wright Blvd., Ste 1000 Scottsdale, AZ 85260

Treasurer: Craig Taylor

Address: 7201 Shallowford Road, Ste. 200, Chattanooga, TN 37421

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

13. Charla M. Smyser

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Charla M. Smyser, Secretary

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



1.800.

Registered Agent Service

**Thank you for your purchase!**

The Agent address for Florida to use on your documents is:

InCorp Services, Inc.  
17888 67th Court North  
Loxahatchee, FL 33470  
County: Palm Beach

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AND  
FILED  
Tallahassee, Florida  
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Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

**CERTIFIED CERTIFICATE OF AUTHORITY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

I, **KAREN WELDIN STEWART, CIR-ML**, Insurance Commissioner of the State of Delaware, do hereby certify that the attached Delaware Certificate of Authority No. 194 CP, dated December 30, 2010, authorizing

**SUNLAND RISK RETENTION GROUP**

to transact insurance business in the State of Delaware, is a true and correct copy of the document on file with this Department.



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Wilmington, this 6th day of April, 2011.

  
\_\_\_\_\_  
Karen Weldin Stewart, CIR-ML  
Insurance Commissioner