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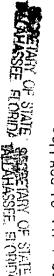
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

	New Filing Section Division of Corporations			
SUBJE	CT: Atlantis Underwriters Insura	ance Group, Inc.		
		poration - must include suffix		
Dear Sir	or Madam:			
"Certific		ion for Authorization to Transact Business in Florida," od Standing"and check are submitted to register the above ess in Florida.		
Please re	eturn all correspondence concerning this	s matter to the following:		
	Ca	ra L. Mose		
	N:	ame of Person		
	Insurance Licensii	ng Services of America, Inc		
		m/Company		
	111 M Daileo	ad St. on D.O. Poy 200		
	III N. Kanro	Address		
		beck, TX 76642 /State and Zip code		
	·	•		
	Ray@	e used for future annual report notification)		
For furth	ner information concerning this matter, p	please call:		
	a	251		
	Cara L. Mose at (254) 729-61 Area Code & Daytime Telephone Number		
	Trume of Ferson	Area Code & Dayline Pelephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	New Filing Section	New Filing Section		
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, FL 32314		
	Tallahassee, FL 32301			
Enclose	d is a check for the following amount:			
\$70.0	00 Filing Fee S78.75 Filing Fee Certificate of State			



111 N. Rallroad St. P.O. Box 390 Groesbeck, TX 76642 tel 254,729,8002 L.69-169-188-12-0-0-0-0

August 16, 2011

Region Code 1363

Florida Secretary of State Division of Corporations - Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir/Madam:

Ref: Application for Certificate of Authority

We are filing the following documents on behalf of Atlantis Underwriters Insurance Group, Inc.

The items checked below are enclosed.

Application for Certificate of Authority

Additional fee Check # 8751 - \$70.00

□ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Cara L. Mose

Cara L. Mose Corporate Qualifications Specialist P.O. Box 390 (standard) 111 N. Railroad St. (overnight) Groesbeck, TX 76642

Ph: 254*729*6107 Fax: 254*729*8069 cmose@ilsainc.com

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.

	corporation; must include "INCORPORATED." Corp," "Inc," "Co," or "Corp.")	COMPANY. COMPONENTION	
	The state of the s		
	ilable in Florida, enter alternate corporate name ad		ng business in Florida
State or country	Texas y under the law of which it is incorporated) 3	271934759 (FEI number, if app	licable)
			incable)
	/2010 5	Perpetual	
(Dat	e of incorporation)	Duration: Year corp. will cease to	exist or "perpetual")
	Upon Qualifi	ication	
	(Date first transacted business in l		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabili	ity)
	15812 Fontaine Avenue, A	ustin, TX 78734	
	(Principal office address	ss)	
	15812 Fontaine Avenue, A	ustin TX 78734	
	(Current mailing addre	··· ····	
	·		
	Non-Resident Insurance	Agency for Profit	
(Purpose)	s) of corporation authorized in home state or cour		orida)
		n	
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Corporation Service Company		50 5
	1201 House Street		AUG 18 PM
ffice Address:	1201 Hays Street		H C 70
	Tallahassee	, Florida <u>32301</u> (Zip codc)	H 2:5

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.

William M. Edrington

William M. Edrington Authorized Representative

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 dire	ctors:
A. DIRECTORS None Chairman	
Chairman:	
Address:	
Vice Chairman:	
Director:	
Director:	
Address:	
B. OFFICERS President: Rehmat Peerbhai Address: 15812 Fontaine Avenue, Austin, TX 787	34
Vice President:	
Address:	
Secretary:	A A
Address:	88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addengion to the	e application listing additional officers and/or directors.
13. X lent the later	
	sted in number 12 of the application)
14. Rehmat Peerbhai / Presiden (Typed or printed name and capa	city of person signing application)

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

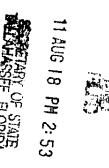


Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Atlantis Underwriters Insurance Group, Inc. (file number 801226812), a Domestic For-Profit Corporation, was filed in this office on February 04, 2010.

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 August 10, 2011.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State