

F12000001064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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March 12, 2012

VIA HAND DELIVERY

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Centauri Specialty Insurance Holdings, Inc.
Application for Authorization to Transact Business in Florida**

Dear Sir/Madam:

Please accept for filing the enclosed Application By Foreign Corporation for Authorization to Transact Business in Florida of Centauri Specialty Insurance Holdings, Inc. Also enclosed is our firm's check in the amount of \$70.00 payable to Florida Department of State and a Certificate of Good Standing from the Delaware Secretary of State.

Please return all correspondence concerning this matter to:

Elizabeth M. Fohl, Esq.
Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.
100 SE 3rd Avenue, 23rd Floor
Ft. Lauderdale, FL 33394
efohl@cftlaw.com

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Very truly yours,

COLODNY, FASS, TALENFELD,
KARLINSKY & ABATE, P.A.

on letter of: Elizabeth M. Fohl

EMF/ec

Enclosures as noted

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**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. Centauri Specialty Insurance Holdings, 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

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

3. 45-2647338

(FEI number, if applicable)

4. 6/28/2011

(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. 5391 Lakewood Ranch Blvd., Suite 303, Sarasota, FL 34240

(Principal office address)

Same

(Current mailing address)

8. Any and all lawful business

(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: Lora S. Rees

Office Address: 5391 Lakewood Ranch Blvd., Suite 303

Sarasota

(City)

, Florida 34240

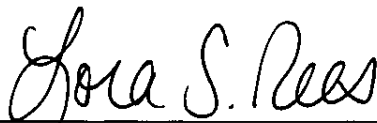
(Zip code)

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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.



(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.

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

A. DIRECTORS

Chairman: Ricardo A. Espino

Address: 5391 Lakewood Ranch Blvd., Suite 303, Sarasota, FL 34240

Vice Chairman: _____

Address: _____

Director: Lora S. Rees

Address: 5391 Lakewood Ranch Blvd., Suite 303, Sarasota, FL 34240

Director: _____

Address: _____

B. OFFICERS

President: Ricardo A. Espino, President, Treasurer & CEO

Address: 5391 Lakewood Ranch Blvd., Suite 303, Sarasota, FL 34240

Vice President: Lora S. Rees, Executive VP, Secretary & COO

Address: 5391 Lakewood Ranch Blvd., Suite 303, Sarasota, FL 34240

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Lora S. Rees

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. Lora S. Rees

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

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTAURI SPECIALTY INSURANCE HOLDINGS, 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 NINTH DAY OF MARCH, A.D. 2012.

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TALLAHASSEE, FLORIDA

5003823 8300

120293473

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9420406

DATE: 03-09-12