

F12000000 1264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

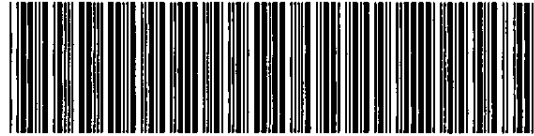
(Document Number)

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TALLAHASSEE, FLORIDA

END 3/23

454043511
1407/FL/JM

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Encompass Risk Solutions, 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:

Jamila McCrary - ILSA

Name of Person

Insurance Licensing Services of America, Inc

Firm/Company

111 N. Railroad

Address

Groesbeck, TX 76642

City/State and Zip code

jmcrary@ilsainc.com

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

For further information concerning this matter, please call:

Jamila McCrary - ILSA

Name of Person

at (254) 729-6185

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 Cop ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2012

JAMILA MCCRARY - ILSA
INSURANCE LICENSING SERVICES OF AMERICA
111 N. RAILROAD
GROESBECK, TX 76642

SUBJECT: ENCOMPASS RISK SOLUTIONS, INC.
Ref. Number: W12000012398

We have received your document for ENCOMPASS RISK SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 712A00008418



111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
tel: 254.729.8002
licensing4insurance.com

March 19, 2012

Region Code 1407

Florida Department of State
Clifton Building - 2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madame:

Ref: Application for Foreign Corporation Certificate

We are filing the following documents on behalf of Encompass Risk Solutions, Inc.

The items checked below are enclosed.

- ☒ Certificate of Authority Application in Duplicate
- ☒ Check #10606 Amt. \$70.00 Previously Submitted

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

Please return all filed documents to my attention.

Sincerely,

Jamila McCrary

Jamila McCrary
Corporate Qualifications Specialist
P.O. Box 390 (standard)
111 N. Railroad St. (overnight)
Groesbeck, TX 76642
Ph: 254*729*6185
Fax: 254*729*8069
jmccrary@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

1. **Encompass Risk Solutions, Inc.**

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

E.R.S.of Pennsylvania, Inc

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

2. Pennsylvania

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

3. 45-4043511

(FEI number, if applicable)

4. 12/9/2011

(Date of incorporation)

5. Perpetual

(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. 1055 Westlakes Drive, Suite 300 Berwyn, PA 19312

(Principal office address)

1055 Westlakes Drive, Suite 300 Berwyn, PA 19312

(Current mailing address)

8. Non-Resident Insurance Agency

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

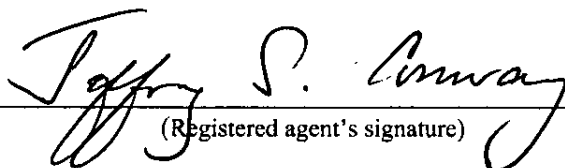
(City)

, Florida 32301

(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.



(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: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

FILED
12 MAR 22 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Matthew Bates

Address: 1055 Westlakes Drive, Suite 300 Berwyn, PA 19312

Vice President: Jeffrey Conway

Address: 1055 Westlakes Drive, Suite 300 Berwyn, PA 19312

Secretary: N/A

Address: _____

Treasurer: Julie Zakroff

Address: 1055 Westlakes Drive, Suite 300 Berwyn, PA 19312

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

13. X Jeffrey S. Conway
(Signature of Director or Officer listed in number 12 of the application)

14. JEFFREY S. CONWAY COO/EVP
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

FEBRUARY 10, 2012

FILED
12 MAR 22 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ENCOMPASS RISK SOLUTIONS, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth