

F12000002230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

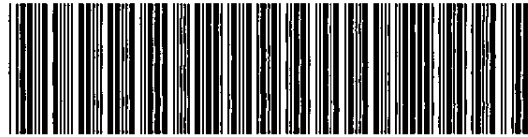
(Business Entity Name)

(Document Number)

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

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05/10/12--01007--008 \*\*78.75

12 MAY 26 AM 7:47

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

5/25  
\$115

4

012000026153

## COVER LETTER

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

**SUBJECT:** INSURANCE GLOBAL OPERATIONS, 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:

CATHERINE Y JOUVE

Name of Person

CARRERAS & LEMOINE, LLP

Firm/Company

115 PERIMETER CENTER PLACE, SUITE 640

Address

ATLANTA, GA 30346

City/State and Zip code

CJOUVE@CBR-LAW.COM

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

For further information concerning this matter, please call:

CATHERINE JOUVE

Name of Person

at ( 770 ) 351-0099

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2012

CATHERINE Y JOUVE  
115 PERIMETER CENTER PL SUITE 640  
ATLANTA, GA 30346

SUBJECT: INSURANCE GLOBAL OPERATIONS, INC.  
Ref. Number: W12000026153

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY 24 PM 2:46

We have received your document for INSURANCE GLOBAL OPERATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 512A00014044

**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. INSURANCE GLOBAL OPERATIONS, 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. 45-5090296  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/12/2012 5. "PERPETUAL"  
(Date of incorporation) (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. 100 N. BISCAYNE BLVD, SUITE 500 - MIAMI, FL 33132  
(Principal office address)

115 PERIMETER CENTER PLACE - SUITE 640 - ATLANTA, GA 30346  
(Current mailing address)

8. TO DEVELOP ACTIVITY IN THE STATE OF FLORIDA  
(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: JADE ASSOCIATES

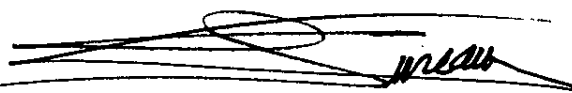
Office Address: 100 N. BISCAYNE BLVD, SUITE 500

MIAMI, Florida 33132  
(City) (Zip code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 26 AM 7:47

**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: \_\_\_\_\_

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

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

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

Director: OLIVIER JAILLON

Address: 115 PERIMETER CENTER PLACE - SUITE 640 - ATLANTA, GA 30346

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: OLIVIER JAILLON

Address: 115 PERIMETER CENTER PLACE - SUITE 640 - ATLANTA, GA 30346

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

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

Secretary: DOMINIQUE M.H. LEMOINE

Address: 115 PERIMETER CENTER PLACE - SUITE 640 - ATLANTA, GA 30346

Treasurer: YANN DEVRILLON

Address: 115 PERIMETER CENTER PLACE - SUITE 640 - ATLANTA, GA 30346

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

13. \_\_\_\_\_

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. DOMINIQUE M. H. LEMOINE - Corporate Secretary

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

12 MAY 26 AM 7:47  
CLERK OF SUPERIOR COURT  
JUDICIAL BRANCH  
CLERK OF SUPERIOR COURT  
JUDICIAL BRANCH

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSURANCE GLOBAL OPERATIONS, 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 TWENTIETH DAY OF APRIL, A.D. 2012.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 24 AM 7:47



5138970 8300

120454771

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: 9518201

DATE: 04-20-12