

F12000003176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

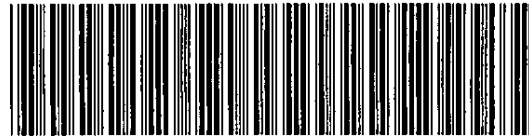
(Business Entity Name)

(Document Number)

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

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07/18/12--01026--004 \*\*78.75

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PATRIOT NATIONAL

\* JUL 26 2012

HEADQUARTERS  
FT LAUDERDALE FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2012

SHAWN MARTIN  
PATRIOT NATIONAL INSURANCE GROUP, INC.  
401 E LAS OLAS BLVD, STE 1650  
FORT LAUDERDALE, FL 33301

SUBJECT: FORZA LIEN, INC.  
Ref. Number: W12000038295

We have received your document for FORZA LIEN, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 512A00019179

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DIVISION OF CORPORATIONS

## COVER LETTER

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

**SUBJECT:** Forza Lien, 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:

Shawn Martin

Name of Person

Patriot National Insurance Group, Inc.

Firm/Company

401 E. Las Olas Blvd., Ste. 1650

Address

Fort Lauderdale, FL 33301

City/State and Zip code

semartin@pnigroup.com

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

For further information concerning this matter, please call:

Shawn Martin

Name of Person

at ( 954 ) 670-2921

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. Forza Lien, 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. \_\_\_\_\_

(FEI number, if applicable)

4. June 21, 2012

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 401 E. Las Olas Blvd., Ste. 1650, Fort Lauderdale, FL 33301

(Principal office address)

401 E. Las Olas Blvd., Ste. 1650, Fort Lauderdale, FL 33301

(Current mailing address)

8. Insurance Claims Services

(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: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens

(City)

, Florida 33410

(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.*



Michael Reinhold, Vice President

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

**A. DIRECTORS**

Chairman: Steven M. Mariano

Address: 401 E. Las Olas Blvd., Ste. 1650  
Fort Lauderdale, FL 33301

Vice Chairman: None

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

Director: Christopher L. Pizzo

Address: 401 E. Las Olas Blvd., Ste. 1650  
Fort Lauderdale, FL 33301

Director: Theodore G. Bryant

Address: 401 E. Las Olas Blvd., Ste. 1650  
Fort Lauderdale, FL 33301

**B. OFFICERS**

President: Michael McFadden

Address: 401 E. Las Olas Blvd., Ste. 1650  
Fort Lauderdale, FL 33301

Vice President: Kimberly Davis

Address: 401 E. Las Olas Blvd., Ste. 1650  
Fort Lauderdale, FL 33301

Secretary: Christopher L. Pizzo

Address: 401 E. Las Olas Blvd., Ste. 1650, Fort Lauderdale, FL 33301

Treasurer: Elvis Rivera

Address: 401 E. Las Olas Blvd., Ste. 1650, Fort Lauderdale, FL 33301

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

13. Kimberly Davis  
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. Kimberly Davis, Assistant Secretary Kimberly Davis  
(Typed or printed name and capacity of person signing application)

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# Delaware

*The First State*

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PAGE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORZA LIEN, 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 SIXTEENTH DAY OF JULY, A.D. 2012.

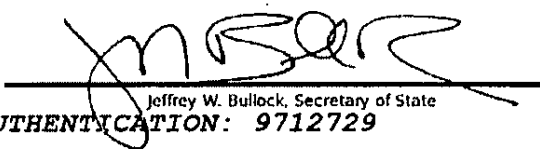
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORZA LIEN, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2012.

5173822 8300

120837584

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: 9712729

DATE: 07-16-12