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TALLAHASSEE, FLORIDA

MRS
2/28/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Association of Certified Mortgage Originators Risk Retention Group, 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:

Heather Ross

Name of Person

Risk Services

Firm/Company

2233 Wisconsin Avenue, NW, Suite 310

Address

Washington, DC, 20007

City/State and Zip code

hross@riskservcos.com

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

For further information concerning this matter, please call:

Heather Ross

Name of Person

at (202) 471-5944, x675941

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. Association of Certified Mortgage Originators Risk Retention Group, 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. Nevada 3. 46-0872348
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/29/12 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. 9550 S. Eastern Avenue, Suite 253, Las Vegas, NV, 89123
(Principal office address)
c/o Risk Services, 1605 Main St., Ste. 800, Sarasota, FL, 34236
(Current mailing address)

8. See Attachment
(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: Michael T. Rogers

Office Address: Risk Services, 1605 Main St., Ste. 800
Sarasota, Florida 34236
(City) (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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Director:

Chairman: Bryan Binder

XXXXXX

Address: CastleLine Holdings, LLC, 525 Madison Ave., 30th Floor, New York, NY, 10022

Director:

Vice Chairman: Jason Garmise

XXXXXX

Address: CastleLine Holdings, LLC, 525 Madison Ave., 30th Floor, New York, NY, 10022

Director: James G. Marx, M.D.

Address: 608 S. Jones Boulevard, Las Vegas, NV, 89107

Director:

Address:

B. OFFICERS

President: Bryan Binder

Address: CastleLine Holdings, LLC, 525 Madison Ave., 30th Floor, New York, NY, 10022

Vice President:

Address:

Secretary: B. Troy Winch

Address: Risk Services, 1605 Main Street, Suite 800, Sarasota, FL, 34236

Treasurer: Jason Garmise

Address: CastleLine Holdings, LLC, 525 Madison Ave., 30th Floor, New York, NY, 10022

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. B. Troy Winch, Secretary

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

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RISK RETENTION
GROUP, INC.**

ATTACHMENT

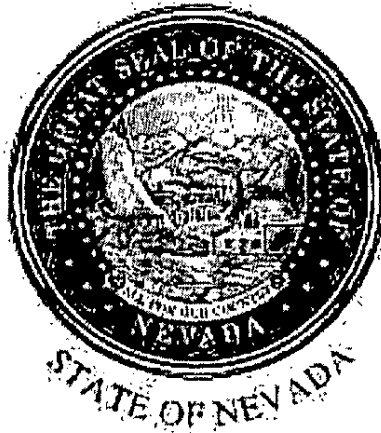
The primary purpose for which the Corporation is formed is (a) to conduct business as an association captive insurance company, as defined in the Captive Insurers Law; (b) to apply to the Commissioner of Insurance for a license to transact insurance; and (c) to make contracts in accordance with Title 57 of the Nevada Revised Statutes (the "Nevada Insurance Law").

Accordingly, the Corporation shall be authorized to:

- 1) Act as a stock insurer and reinsurer operating as an association captive insurance company in accordance with applicable law.
- 2) To do and transact any and every other kind of business which is permitted under the Nevada Corporate Law and the Nevada Captive Insurers Law as now in force or as hereinafter amended, and to transact any other lawful business for which corporations may be incorporated under the Nevada Revised Statutes, subject to Chapter 694C of the Nevada Revised Statutes and the provisions of the Liability Risk Retention Act of 1986, as amended, and approval of the Commissioner of Insurance. The Corporation shall have authority to do business anywhere in the world. The Corporation shall have and exercise all rights and powers from time to time granted to the Corporation by law. The above clauses shall not be limited by reference to, or inference from, one another, but each purpose clause shall be construed as a separate statement conferring independent purposes and powers of the Corporation.

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RISK RETENTION GROUP, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 29, 2012, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 4, 2013.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

Certified By: Joann Larson
Certificate Number: C20130108-0602
You may verify this certificate
online at <http://www.nvsos.gov/>