F1300001320

(Requestor's Name)					
(Address)					
. (Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(D	ocument Number				
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Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS

Office Use Only

W1300014581



COVER LETTER

TO:	New Filing Section						
10.	Division of Corporations						
SUBJECT: Resort Hotel Insurance Services, Inc.							
Name of Corporation – must include suffix							
Dear S	Sir or Madam:						
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Cors in Florida", "Certificate of Existence", or "Certificate of Status" and check are subser the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all correspondence concerning this matter to the following:						
	Brenda Anthony						
	Name of Person						
	Central Licensing Bureau						
	Firm/Company						
	1501 N University	<u> </u>					
	Suite 550	SECRET TISION O					
	Address	TAR OF C 22					
	Little Rock, AR 72207	RPC RPC					
	City/State and Zip Code	STAT ORAT					
	dreed@centrallicensingbureau.com						
	E-mail address: (to be used for future annual report notification)						
For fu	orther information concerning this matter, please call:						
Bren	da Anthony 501 664-8044 at ()						
	Name of Person Area Code & Daytime Telephone N	umber					
	MAILING ADDRESS:STREET/COURIER ANew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CTallahassee, FL 32301	s					
Enclo	sed is a check for the following amount:						
⊠ \$7	70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.	50 Filing Fee,					

Certified Copy

Certificate of Status

Certificate of Status &

Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED MAR 1 8 2013 CLB, INC.

March 13, 2013

BRENDA ANTHONY 1501 N UNIVERSITY SUITE 550 LITTLE ROCK, AR 72207

SUBJECT: RESORT HOTEL INSURANCE SERVICES, INC.

Ref. Number: W13000014581

We have received your document for RESORT HOTEL INSURANCE SERVICES, 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 articles of incorporation must be prepared in compliance with section 607.0202. Florida Statutes. Please refer to this section of the law.

The registered agent must sign accepting the designation.

You cannot use a form as an attachment.

You have submitted two different applications, one for profit and one for nonprofit.

Please return the corrected original and one copy of your document, along with acres 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 713A00005865

3/18/13-

See rew apprication.

Be Anthony (501)664-8044

Central Licensing Pourse www.sunbiz.org

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	Insurance Services, Inc.				
(Name of corpor import in langua in the name at pr	ration: must include the word "INCORPORATEI age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used as a	" or "CORP instead of a r corporate su	ORATION" or words or abbrevia natural person or partnership if not offix by a nonprofit corporation.)	tions of li	ke ned
2. Virginia	3	26-0049596			
	ntry under the law of which it is incorporated)		(FEI number, if applicable)		
4. 11/26/2001	5.	Perpetual	Year corp. will cease to exist or "p		
	Date of Incorporation) 5	(Duration:	Year corp. will cease to exist or "p	erpetual")
6. Upon Qualific	ation				
(Date first condu	ucted affairs in Florida if prior to registration. See se	ections 617.1.	501 & 617.1502, F.S, to determine	penalty lia	ability.)
7. 2100 East Cary	y Street, Suite 3, Richmond, VA 23223				
	(Principal of	fice address)			
2100 East Car	y Street, Suite 3, Richmond, VA 23223		•		
· 	-	ailing address	s)		
		-			
8. The business o	f insurance functioning as a non-resident insuran	ce agency.			
(Purpose(s) of c	f insurance functioning as a non-resident insuran- corporation authorized in home state or country to	be carried o	out in the state of Florida)		_ <u></u>
				<u> </u>	/ISE
9. Name and stre	eet address of Florida registered agent: (P.O.	Box NOT	acceptable)	MAR	웃쏡
Mana	Corporation Service Company	•		₹ 22	OF AF
				70	200 131
Office Address:	1201 Hays Street				Y OF STATE CORPORATIONS
				£: 5	R A A
	Tallahassee	, Florida _	32301	80	
·	(City)	_	(Zip Code)		Š
Having been na designated in th further agree to	agent's acceptance: med as registered agent and to accept servi- is application, I hereby accept the appointn comply with the provisions of all statutes re a familiar with and accept the obligations of	nent as regi elative to th	istered agent and agree to act i se proper and complete perfor	in this ca	vpacity. I
	Sy: Corporation Service Company (Registered ag		,		
the Departm	a certificate of existence duly authenticated, nent of State, by the Secretary of State or oth under the law of which it is incorporated.	not more the er official h	nan 90 days prior to delivery of aving custody of corporate rec	this app ords in tl	lication to he

12. Names and addresses of officers and/or directors

A. DIRECTORS	SECRETARY OF STATE
Paul M. G. Astbury Chairman:	ATTIONS
Address: 35 Ocean Reef Drive	13 MAR 22 PM 4: 58
Key Largo, FL 33037	
Vice Chairman: Walter Banks	
Address: 1700 South Ocean Lane	
Fort Lauderdale, FL 33316	
Director:	
100 Cloister Place, P.O. Box 31027, Address:	
Sea Island, GA 31561	
Pennie Beach Director:	
4800 Basin Harbor Road Address:	
Vergennes, VT 05491	
B. OFFICERS	
President: Brooks W. Chase	
Address: 2100 East Cary Street, Suite 3	
Richmond, VA 23223	
Vice President: David A. Kean	
Address: 2100 East Cary Street, Suite 3	
Richmond, VA 23223	
Secretary: Mark R. Grenoble	
Address: 2100 East Cary Street, Suite 3, Richmond, VA 23223	
Jorge Cabrera Treasurer:	
Address: 2100 East Cary Street, Suite 3, Richmond, VA 23223	
NOTE: If necessary, you may attach an addendum to the application lists	ing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed i	n number 12 of the application)
14. Brooks W. Chase, President/CEO	
(Typed or printed name and capacity of person s	igning application)

Commonwardthor Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Resort Hotel Insurance Services, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 27, 2001;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

SECRETARY OF STATE CORPORATIONS

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Signed and Sealed at Richmond on this Date: February 6, 2013

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1302065916