

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H130002643123)))



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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Old Guard Risk Services, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

RECEIVED

13 DEC -3 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
12/13

**COVER LETTER**

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

**SUBJECT:** Old Guard Risk Services, 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:

Gina Mulligan

Name of Person

Corporate Creations

Firm/Company

11380 Prosperity Farms Rd. #221 E

Address

Palm Beach Gardens, FL 33410

City/State and Zip code

Gina@corpcreations.com

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

For further information concerning this matter, please call:

Gina Mulligan

Name of Person

at 561 694-8107

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC -3 04ACT 18

**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. **Old Guard Risk Services, 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. **11/15/2013**

(Date of incorporation)

5.

**perpetual**

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

6. **12/3/2013**

(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. **Risk 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**

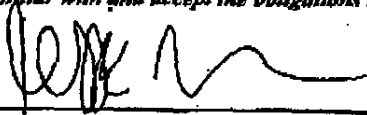
(City)

, 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.*



**Jessica Morales, Special Secretary**

(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: Steven M. MarianoAddress: 401 E. Las Olas Boulevard, Suite 1650  
Fort Lauderdale, FL 33301Director: Christopher L. PizzoAddress: 401 E. Las Olas Boulevard, Suite 1650  
Fort Lauderdale, FL 33301Director: Charles K. SchuverAddress: 401 E. Las Olas Boulevard, Suite 1650  
Fort Lauderdale, FL 33301

## B. OFFICERS

President: Steven M. MarianoAddress: 401 E. Las Olas Boulevard, Suite 1650  
Fort Lauderdale, FL 33301Vice President: Kimberly DavisAddress: 401 E. Las Olas Boulevard, Suite 1650  
Fort Lauderdale, FL 33301Secretary: Christopher L. PizzoAddress: 401 E. Las Olas Boulevard, Suite 1650, Fort Lauderdale, FL 33301Treasurer: Michael J. SlukaAddress: 401 E. Las Olas Boulevard, Suite 1650, Fort Lauderdale, FL 33301

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. Steven M. Mariano, President/Director by: Gina Mulligan Atty-In-Fact  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLD GUARD RISK SERVICES, 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 SECOND DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLD GUARD RISK SERVICES, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5433407 8300

131364365

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: 0936556

DATE: 12-02-13