Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000080283 3)))



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To:

Please retain original and Division of Corporations

Fax Number

(850) 617-6381 date of submission 4/3/14

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Enail Address:

#### FOREIGN PROFIT/NONPROFIT CORPORATION 1347 PROPERTY INSURANCE HOLDINGS. INC.

Certificate of Status	0
Certified Copy	0
Page Count	0607
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Help

850-817-6381

4/4/2014 11:49:00 AM PAGE 1/001 Fax Server



April 4, 2014

## FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: 1347 PROPERTY INSURANCE HOLDINGS, INC. REF: W14000021603

\*RE-SUBMIT\*
Please retain original filling
date of submission 48/14

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

FAX Aud. #: H14000080283 Letter Number: 214A00007269

14 MPR -3 MH II: 36

#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT; 1347 Property Insurance Holdings, Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam;				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the			
Please return all correspondence concerning this mate	ter to the following:			
John S. Hill				
Name o	f Person			
1347 Property Insurance Holdings, Inc.				
Firm/Co	опрацу			
4293 Enfield Court				
Add	iross			
Palm Harbor / Florida 34685				
City/State	and Zip code			
jhilk@maisonins.com				
E-mail address: (to be use	for future annual report notification)			
For further information concerning this matter, please	call:			
John S. Hill	7098851			
Name of Person Are	a 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			
Baclosed is a check for the following amount:				
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ 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.

	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	o," "Company," "Corporation,"	-
(If name unavails		e adopted for the purpose of transacting busi	noss in Florids)
DB		3. 46-1119100	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable	<del>)</del>
10-2-2012	<del></del>	. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will coase to exist	or "perpetual")
. <u>Up</u>	on Qualification		
•	(Date first transacted business	in Florida, if prior to registration)	<del></del>
4303 Roffeld Cou	(SBB SECTIONS 607.1301 & 607. ut, Palm Harbor, FL 34685	1502, F.S., to determine penalty liability)	
4293 Elliela Co.		11	
0100 Divehense	(Principal office at Centre Bivd., Suite 502, Baton Rouge, LA	· ·	
		70809	
	· (Crerent mailing or	(deser)	<del></del>
_	(Current mailing ac	•	
To engage	in any lawful act or act	civity for which comapnie	s may be for
and to en	in any lawful act or act gage in any and all activ	civity for which comapnie vities necessary or incid	s may be for ental theret
, and to en (Purpose(s	in any lawful act or act gage in any and all active of corporation authorized in home state or	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)	s may be for ental theret
(Purpose(s	in any lawful act or act gage in any and all active) of corporation authorized in home state or at address of Plorida registered agent: (F	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)	s may be for ental theret
(Purpose(s	in any lawful act or act gage in any and all active of corporation authorized in home state or	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)	ental theret
(Purpose(s Name and street Name:	in any lawful act or act gage in any and all active) of corporation authorized in home state or at address of Plorida registered agent: (F	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)	ental theret
Purpose(s  Name and street  Name:	in any lawful act or act gage in any and all active) of corporation authorized in home state or at address of Plorida registered agent: (F	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)  2.O. Box NOT acceptable)	ental theret
(Purpose(s Name and street Name:	in any lawful act or act gage in any and all active) of corporation authorized in home state or at address of Plorida registered agent: (FOT Corporation System  1200 South Pine Island Road	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)	ental theret
(Purpose(s)  Name and street  Name:  Office Address:	in any lawful act or act gage in any and all active) of corporation authorized in home state or at address of Plorida registered agent: (FOT Corporation System  1200 South Pine Island Road  Plantation  (City)	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)  P.O. Box NOT acceptable)	ental theret
. And to en (Purpose(s). Name and street. Name: Diffice Address:  O. Registered as Javing been names ignated in this purther ogree to co	in any lawful act or act gage in any and all active of corporation authorized in home state or at address of Plorida registered agent: (For Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept see application, I hereby accept the appoint	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)  P.O. Box NOT acceptable)	ental theret
. And to en (Purpose(s). Name and street Name: Office Address:  O. Registered as Javing been names ignated in this surther ogree to co	in any lawful act or act gage in any and all active of corporation authorized in home state or at address of Plorida registered agent: (For Corporation System  1200 South Pine Island Road  Plantation  (City)  The secreptance: The accept are application, I hereby accept the appoint omply with the provisions of all statutes amiliar with and accept the obligations.	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)  P.O. Box NOT acceptable)	ental theret
(Purpose(s) (Purpose(s) (Purpose(s) (Name and street) (Name: (Nam	in any lawful act or act gage in any and all active of corporation authorized in home state or at address of Plorida registered agent: (For Corporation System  1200 South Pine Island Road  Plantation  (City)  Tent's acceptance: and to accept see application, I hereby accept the appoint omply with the provisions of all statutes familiar with and accept the obligations  C T Corporation System	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)  2.0. Box NOT acceptable)	ental theret
And to en (Purpose(s Name and stree Name: Office Address: Offi	in any lawful act or act gage in any and all active of corporation authorized in home state or at address of Plorida registered agent: (For Corporation System  1200 South Pine Island Road  Plantation  (City)  Tent's acceptance: and to accept see application, I hereby accept the appoint omply with the provisions of all statutes familiar with and accept the obligations  C T Corporation System	civity for which comapnie vities necessary or incid country to be carried out in state of Florida)  P.O. Box NOT acceptable)	ental theret

under the law of which it is incorporated.

12, Nam	es and business addresses of officers and/or directors:			
A. DIRI				
Chairman	Gordon G. Prest			
Address:	9100 Bluebonnet Centre Blvd., Suite 502, Baton Rouge, LA 70809			<del></del>
Vice Chai	rman:			
Address:				
Director:	Larry G. Swets, Jr.			
Address:	150 Pierce Road, 6th Floor, Itasca, IL 60143			
Director:	Hassan R. Baqar	3 <del>-</del> 62	14	
Address:	150 Pierce Road, 6th Floor, Itasca, IL 60143		A R	
B. OFF	ICERS	171	3	
President;	Douglas N. Raucy	<u>. ج</u>	- , , , , , , , , , , , , , , , , , , ,	
Address:	9100 Bluebonnet Centre Blvd., Suite 502, Baton Rouge, LA 70809	A GH	 ယ <del>တ</del>	
Vice Presi	dent: John S. Hill			
Address:	9100 Bluebonnet Centre Blvd., Suite 502, Baton Rouge, LA 70809			
Secretary:	Ann Brooks			
Address:	150 Pierce Road, 6th Floor, Itasca, IL 60143			,
Treasurer	John S. Hill			
Address:	9100 Bluebonnet Centre Bivd., Suite 502, Baton Rouge, LA 70809			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	or directo	Krŝ,	
13.				
are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.			

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

Additional directors:

Director: Douglas N. Raucy

Address: 9100 Bluebonnet Centre Blvd., Suite 502, Baton Rouge, LA 70809

Director: Leo Christopher Saenger, III

Address: 9100 Bluebonnet Centre Blvd., Suite 502, Baton Rouge, LA 70809

AFR -3 AH

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# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1347 PROPERTY INSURANCE HOLDINGS, 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 THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

14 APR -3 AH II: 36

5222518 8300

140425286

You may verify this certificate online at corp.delaware.gov/authvor.shtml

Jeffrey W. Bullack, Socretary of State

AUTHENTACATION: 1265161

DATE: 04-03-14