

F16000000592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

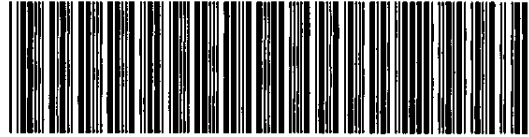
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION TO NAME PER  
CONVERSATION WITH JESSICA HUMAN  
2/10/2016 KS

CWO + INC W16-4652

Office Use Only



400280063994

01/19/16--01040--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB -8 PM 1:16

FILED

K. SALLY  
EXAMINER

FEB 10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 FEB -8 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 22, 2016

JESSICA HOMAN  
791 10TH ST. S, STE. 202  
NAPLES, FL 34102

SUBJECT: RMC PROPERTY AND CASUALTY LTD.  
Ref. Number: W16000004652

We have received your document for RMC PROPERTY AND CASUALTY LTD. 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.
- \* A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00001480

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RMC Property & Casualty Ltd.  
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:

Jessica Homan

Name of Person

RMC Property and Casualty Ltd.

Firm/Company

791 10th St. S., Suite 202

Address

Naples, FL 34102

City/State and Zip code

jhoman@rmcgp.com

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

For further information concerning this matter, please call:

Jessica Homan

Name of Person

at ( 239 )

Area Code

298-8210 ext. 213

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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. Rmc Property & Casualty Ltd. Company  
(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. Nevis 3. 27-4311365  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 30, 2010 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 791 10th St. S., Suite 202, Naples, FL 34102  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Raymond Ankner

Office Address: 791 10th St. S., Suite 202

Naples, Florida 34102  
(City) (Zip code)

**9. 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)

10. 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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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Raymond Ankner

Address: 791 10th St. S., Suite 202  
Naples, FL 34102

Vice Chairman: \_\_\_\_\_

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

Director: Jean Ankner

Address: 791 10th St. S., Suite 202  
Naples, FL 34102

Director: Ryan Mitchell

Address: 791 10th St. S., Suite 202  
Naples, FL 34102

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Raymond Ankner

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

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2016 FEB -8 PM 1:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



## ISLAND OF NEVIS

FINANCIAL SERVICES REGULATION AND SUPERVISION DEPARTMENT  
OFFICE OF THE REGISTRAR OF INTERNATIONAL INSURANCE

THE NEVIS INTERNATIONAL INSURANCE ORDINANCE 2004 (as amended)  
[“the Ordinance”]

### ***CERTIFICATE OF RENEWAL***

BY VIRTUE of the powers granted by Sections 4 and 8 of the Ordinance, I, **PHIL JONES**,  
REGISTRAR OF INTERNATIONAL INSURANCE, HEREBY CERTIFY that

**RMC Property & Casualty Ltd.**

is duly registered to carry on Insurance Business in the class of Captive Insurance from within the Island  
of Nevis in accordance with the provisions of section 8 of the Ordinance.

This certificate expires on December 31st, 2016

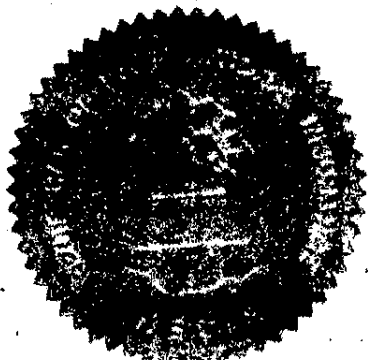
GIVEN under my hand and seal  
This 27th November 2015

.....  
Registrar of International Insurance

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB - 8 PM 1:16

FILED



Co No. 37405

This certificate is the property of the Nevis Financial Services Regulation and Supervision Department and should be surrendered to the  
Office of the Registrar of International Insurance upon demand (s.10(4) of the Ordinance).

