

FILE000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

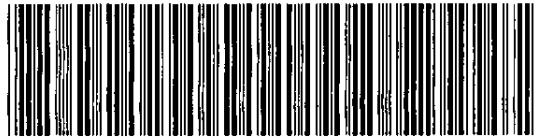
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300282096223

02/16/16--01001--004 **78.75

RECEIVED
16 FEB 16 AM 9:00
SUFFICIENCY OF FILING

RECEIVED
16 FEB 16 AM 8:51
TALLAHASSEE, FLORIDA

FEB 16 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maison Insurance Company, 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:

J. Lee Roddenberry

Name of Person

Brennan Law Office PA

Firm/Company

PO Box 3635

Address

Tallahassee FL 32315

City/State and Zip code

lraddenberry@gbb-law.com

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

For further information concerning this matter, please call:

Lee Roddenberry

850 224-0141
at ()

Name of Person

Area Code

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.*

Maison Insurance Company

1.

(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)

LA

46-1168622

2.

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

10/03/2012

Perpetual

4.

(Date of incorporation)

5.

(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)

9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

7.

(Principal office address)

Same

(Current mailing address, if different)

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

Name: Douglas Raucy

Office Address: 1511 North Westshore Blvd Suite 870

Tampa

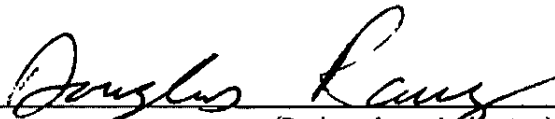
, Florida 33607

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 16 AM 8:51

RECEIVED
AND
FILED

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

A. DIRECTORS

Chairman: Douglas Raucy
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Vice Chairman: _____
Address: _____

Director: John Hill
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Director: Dean Stroud
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

B. OFFICERS

President: Douglas Raucy
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Vice President: Dean Stroud
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Secretary: John Hill
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Treasurer: John Hill
Address: 9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

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. Douglas Raucy, President
(Typed or printed name and capacity of person signing application)

16 FEB 16 AM 8:51
SECRETARY OF STATE
TALIAFERRO, E. GRUBB

APPROVED
AND
FILED

Additional Officers and Directors

Directors:

Robert Gantley

9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Brian Bottjer

9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Officers:

Robert Gantley VP

9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

Brian Bottjer Controller

9100 Bluebonnet Centre Blvd Suite 502 Baton Rouge LA 70809

APPROVED
AND
FILED
16 FEB 16 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

16 FEB 16 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



James J. Donelon

COMMISSIONER OF INSURANCE

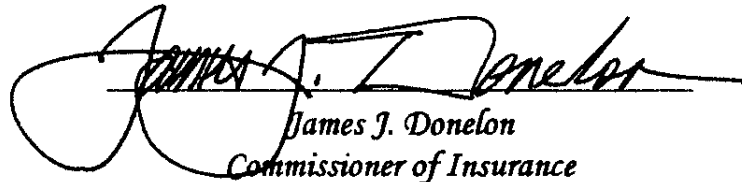
I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO HEREBY CERTIFY THAT

Maison Insurance Company

NAIC Number 14568

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Burglary and forgery, Fire and allied lines, Homeowners, and Liability in this State. I further certify that the said Maison Insurance Company is possessed of admitted assets in the amount of 36,648,904 dollars, and has a paid-in capital of 2,500,000 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least 11,712,840 dollars, as shown by its annual statement submitted to this Department as of December 31, 2014.

*Given Under my signature, authenticated with the impress
of my Seal of office, at the City of Baton Rouge, this
10th day of December A.D. 2015.*


James J. Donelon
Commissioner of Insurance

COPY