

F17000000994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W17-7038

Office Use Only



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2017 MAR -2 A 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

MAR 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2017

MICHELLE C TIBBETTS
28040 NE UNION HILL RD
REDMOND, WA 98053-8767

SUBJECT: NORTH STAR REINSURANCE PARTNERS LTD
Ref. Number: W17000007038

Please accept our apology for failing to mention this in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00003676



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

MICHELLE C TIBBETTS
28040 NE UNION HILL RD
REDMOND, WA 98053-8767

SUBJECT: NORTH STAR REINSURANCE PARTNERS LTD
Ref. Number: W17000007038

We have received your document for NORTH STAR REINSURANCE PARTNERS LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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.

CERTIFICATE OF INCORPORATION DOES NOT MEET STATUTORY REQUIREMENTS MUST HAVE CERTIFICATE OF EXISTENCE,

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00001583

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH STAR REINSURANCE PARTNERS, 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:

MICHELLE C TIBBETTS

Name of Person

NORTH STAR REINSURANCE PARTNERS LTD

Firm/Company

28040 NE UNION HILL RD

Address

REDMOND WA 98053-8767

City/State and Zip code

mctinc@mctibbetts.com

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

For further information concerning this matter, please call:

MICHELLE C TIBBETTS

206

714-3621

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.*

1. NORTH STAR REINSURANCE PARTNERS LTD Corp
(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. WASHINGTON STATE 3. 81-4361522
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/27/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1100 NE 163RD ST STE 403 NORTH MIAMI BEACH FL 33162-4515
(Principal office address)

28040 NE UNION HILL RD REDMOND WA 98053-8767
(Current mailing address, if different)

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

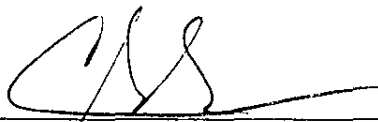
Name: CHARLES M BORDON

Office Address: 1100 NE 163RD ST STE 403

NORTH MIAMI BEACH, Florida 33162-4515
(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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2011 MAR -2 A 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: CHARLES M BORDON

Address: 19361 NE 19TH PL
NORTH MIAMI BEACH FL 33179-3611

Vice Chairman: SCOTT D PERRY

Address: 2332 EDINBROOK TERRACE
BROOKLYN PARK MN 55443-3731

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHARLES M BORDON

Address: 19361 NE 19TH PL
NORTH MIAMI BEACH FL 33179-3611

Vice President: SCOTT D PERRY

Address: 2332 EDINBROOK TERRACE
BROOKLYN PARK MN 55443-3731

Secretary: SCOTT D PERRY

Address: 2332 EDINBROOK TERRACE BROOKLYN PARK MN 55443-3731

Treasurer: CHARLES M BORDON

Address: 19361 NE 19TH PL NORTH MIAMI BEACH FL 33179-3611

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. CHARLES M BORDON, PRESIDENT

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

FILED
2017 APR - 2 A 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE

OF

NORTH STAR REINSURANCE PARTNERS, LTD

I FURTHER CERTIFY that the records on file in this office show that the above named entity
was formed under the laws of the State of Washington and that its public organic record
was filed in Washington and became effective on 10/27/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual,
and that as of the date of this certificate, the records of the Secretary of State
do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected
through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary
of State for filing and that proceedings for administrative dissolution are not pending.

Date: February 8, 2017

UBI: 604-053-268

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

