F1700000106

(Regu	uestor's Name)			
(1,041				
(Addr	ress)			
(Addı	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nar	me)		
(Doci	ument Number)	•		
Certified Copies	Certificate	s of Status		
Special Instructions to Fi	iling Officer:			

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SHR	Hospitality Risk Retenti	on Group, Inc.			
SUB		ame of corpora	tion - mu	st include suffix	
Dear :	Sir or Madam:				
"Certi	nclosed "Application by Foreig ficate of Existence." or "Certif referenced foreign corporation	icate of Good	Standing	" and check are sub	
	e return all correspondence con a Matthews	cerning this ma	atter to th	ne following:	
	· · · •	Name	of Perso	on	
Risk S	Services, LLC				
1605	Main Street, Suite 800	Firm/C	Company		
		A	ddress	·	V
Saras	ota, FL, 34236				
tınattl	news@pboa.com	City/Sta	te and Zi	p code	
	- •	dress: (to be us	sed for fu	ture annual report	notification)
For fu	urther information concerning the	his matter, plea	ise call:		
Teresa Matthews 941			955-0793		
-	Name of Person	at (Area (Daytime Telep	hone 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		
Enclo	sed is a check for the following	g amount:			
= \$7		Filing Fee & cate of Status		8.75 Filing Fee & rtified Copy	S87.50 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.

(Enter name of co	orporation; must include "INCORPORATED," "(orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	"NC"	
	ble in Florida, enter alternate corporate name ado	• •	ing business in Flor	ida)
Vermont	3	-4241422		
10/24/2016	y under the law of which it is incorporated) 5			
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1501 & 607.1502 ae, Suite 2, Barre, VT, 05641 (Principal of the control of th	office address)	inity)	u
	(Current mailing a	address, if different)		
. Name and <u>stree</u> Name: Office Address:	Michael T. Rogers Risk Services, 1605 Main Street, Suite 800	Box <u>NOT</u> acceptable)	2011 WAR - 6	FILED
	Sarasota	 34236 . Florida	A & 12 OF STATE	Ö
	(City)	, Florida(Zip code)	9 12 STATE ORID	
Having been nam	ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme		ited corporation a	

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.

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

		•	
A.	DIRECTORS		

CHXIXIX	: Robert Kitchen, Jr.		
Address:	5416 Glenridge Drive		
, radi ess.	Atlanta, GA 30342		
XXXXXX	Kinan: Elsadig Abdelmotal		
Address:	3532 McLean Road		
	Pearland, TX 77584		
Director:	Philip Rands		
Address:	2659 Ulmerton Road		
	Clearwater, FL 33762		
Director:	Mark Murret		
Address:	15384 Fifth Street		
	Gulfport, MS 39503		
Directo B. OFF	r: Renee LaGue, 58 East View Lane, Suite 2, Barre, VT 05641	Carlo	
President	Robert Kitchen, Jr.		
Address:	5416 Glenridge Drive	Mary of Im	
71441633.	Atlanta, GA 30342	OF S	
Vice Pre	sident:	DRIDE PRINCE	
		-	
Address.		,i	
Secretary	Stephen English		
Address:	5416 Glenridge Drive, Atlanta, GA 30342	**** C	
Treasure	Nicholas Heintzman		
	5416 Glenridge Drive, Atlanta, GA 30342		
	If necessary, you may attach an addendum to the application listing additional	officers and/or directors.	
12	Signature of Director or Officer		
The offi	cer or director signing this document (and who is listed in number 11 above) af and that he or she is aware that false information submitted in a document to the legree felony as provided for in s.817.155, F.S.		
	Stephen English, Sec	retary	
13	(Typed or printed name and capacity of person signing application	tion)	

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Existence

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

HOSPITALITY: RISK RETENTION GROUP, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Oct 24, 2016.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date articles of dissolution / withdrawal have not been filed.

February 21, 2017.

Given under my hand and the seal of the State of Vermont, at Montpelier, the State of Vermont.

James C. Condos Vermont Secretary of State

Business ID: 0323951 Certificate Number: 2013333537001