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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stonewood Insurance Company
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sarah Josselyn

Name of Person

Stonewood Insurance Company

Firm/Company

PO Box 97488

Address

Raleigh, NC 27624

City/State and Zip Code

sjosselyn@fallslakeins.com

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

For further information concerning this matter, please call:

Sarah Josselyn

at (919)

882-3543

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Stonewood Insurance Company

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

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

3. 20-0328998

(FEI number, if applicable)

4. 10/16/03

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S., to determine penalty liability.*)

7. 6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609

(Principal office address)

PO Box 97488 Raleigh, NC 27624

(Current mailing address, if different)

8. Insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip Code)

10. 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)

11. 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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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Sarah C. Doran
6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
Address:

Vice Chairman:
Address:

Director: Joseph R. Raia
6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
Address:

Director: Willard E. Potter - CFO
6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
Address:

B. OFFICERS

President: Steven J. Hartman
6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
Address:

Vice President:
Address:

Secretary: Thomas R. Fauerbach
6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
Address:

Treasurer: Michael E. Crow
6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
Address:

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

13. Joseph Raia
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph Raia Controller
(Typed or printed name and capacity of person signing application)

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

STONEWOOD INSURANCE COMPANY

is a corporation duly incorporated under Chapter 58 of the North Carolina General Statutes, having been incorporated on the 16th day of October, 2003 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of Stonewood Insurance Company are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of June, 2017.

Elaine F. Marshall

Secretary of State



Scan to verify online.