

F17000005392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

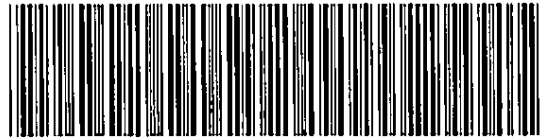
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/17--01006--010 **70.00

INITIALS OF FILER

2017 NOV 27 AM 11:27

STATE OF CALIFORNIA

17 NOV 27 PM 4:40

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S. WARREN

NOV 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Special Risks Facilities, 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:

Andrew Hart

Name of Person

3H Corporate Services

Firm/Company

6 Clement Ave

Address

Saratoga Springs, NY 12866

City/State and Zip code

Andrew.hart@3hcs.com

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

For further information concerning this matter, please call:

Andrew Hart

Name of Person

at (518)

Area Code

583-0639 x 116

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. Special Risks Facilities, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

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

2. Michigan

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

3. 38-1944937

(FEI number, if applicable)

4. 12/16/1970

(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)

7. 38555 Mound Road, Suite 100, Sterling Heights, MI 48310

(Principal office address)

(Current mailing address, if different)

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

Name: 3H Agent Services, Inc.

Office Address: 1415 Panther Lane, Suite 327

Naples

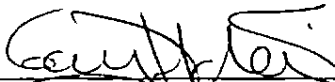
(City)

Florida 34109

(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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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Director: _____

~~Vice Chairman:~~ John Jennings

Address: 1350 Broadway, #602

New York, NY 10018

Director: Jeffery Cappel

Address: 159 North Marion, #370

Oak Park, IL 60301

Director: John Redett

Address: 520 Madison Avenue

New York, NY 10022

B. OFFICERS

President: Jack Klebba

Address: 38555 Mound Road, Suite 100

Sterling Heights, MI 48310

Vice President: _____

Address: _____

Secretary: Les Ross

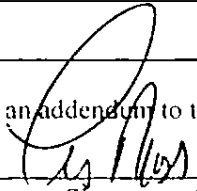
Address: 135 Main Street, 18th Floor, San Francisco, CA 94105

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. Les Ross, Secretary

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

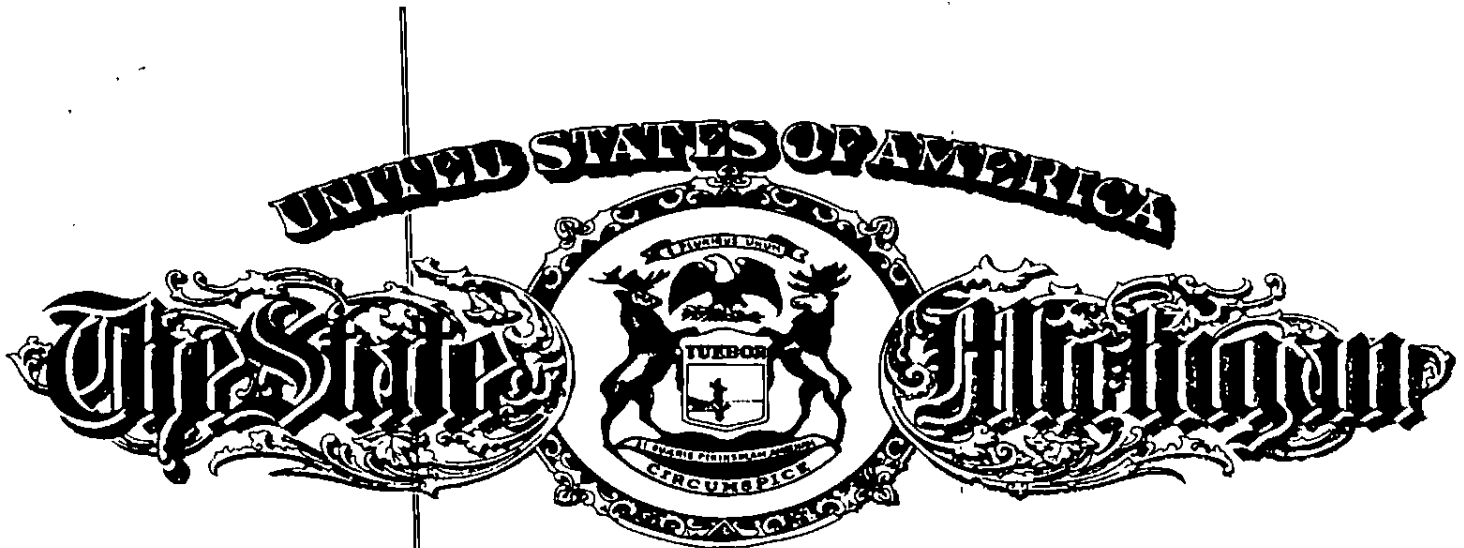
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DEPT. OF STATE
AT BUREAU OF CONSUMER AFFAIRS

SPECIAL RISKS FACILITIES, INC.

Additional Officer Schedule

Name and Title	Business Address
John Jennings – CEO	1350 Broadway, #602, New York, NY 10018
Les Ross – Executive Vice President	135 Main Street, 18 th Floor, San Francisco, CA 94105
Christopher Petrucci – CFO	1350 Broadway, #602, New York, NY 10018

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CLERK OF DISTRICT COURT
JULIA A. SEXTON, CLERK
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SPECIAL RISKS FACILITIES, INC.

was validly incorporated on December 16, 1970 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of November, 2017.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 17111492170