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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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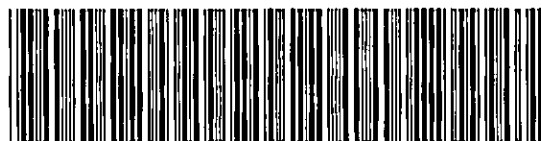
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**BROOKLYN SPECIALTY INSURANCE COMPANY
RISK RETENTION GROUP, INC.**

October 8, 2018

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

**Re: Brooklyn Specialty Insurance Company Risk Retention Group, Inc.
NAIC Company Code: 16396; FEIN: 83-1444543
Filing for Registration**

Dear Sir/Madam:

The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Office of Insurance Regulation relative to the company's registration filing made with that Office. Accordingly, enclosed please find the following:

1. Transmittal letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Existence issued by the State of North Carolina Department of the Secretary of State, the official having custody of the company's Articles of Incorporation in the jurisdiction of the company's incorporation; and.
4. Check for \$70.00 in payment of the Division's filing fee.

Kindly return confirmation of the registration of the corporation with your office to:

Mary Garofalo
Account Manager
Risk Services
1605 Main Street, Suite 800
Sarasota, FL 34236

Thank you. Should you have any questions, please do not hesitate to contact me by telephone at (941) 373-1114 or by e-mail at mgarofalo@pboa.com.

Sincerely,



Mary Garofalo
Account Manager
Risk Services-Vermont, Inc.
As Managers for
Brooklyn Specialty Insurance Company
Risk Retention Group, Inc.

/hr
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooklyn Specialty Insurance Company Risk Retention Group, 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:

Mary Garofalo

Name of Person

Risk Services

Firm/Company

1605 Main Street, Suite 800

Address

Sarasota, FL 34236

City/State and Zip code

mgarofalo@pboa.com

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

For further information concerning this matter, please call:

Mary Garofalo

941

373-1114

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. Brooklyn Specialty Insurance Company Risk Retention Group, Inc.
(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. North Carolina 3. 83-1444543
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/2/18 5. _____
(Date of incorporation) (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)

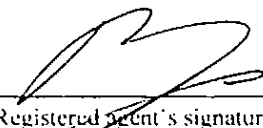
7. 5630 University Parkway, Winston-Salem, North Carolina, 27105
(Principal office address)
c/o Risk Services, 1605 Main Street, Suite 800, Sarasota, FL, 34236
(Current mailing address, if different)

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

Name: Michael T. Rogers
Office Address: Risk Services, 1605 Main Street, Suite 800
Sarasota , Florida 34236
(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.

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

A. DIRECTORS

~~XXXXX~~ Chairman: Lonnie Hugh Warren
Address: 6628 Sky Pointe Drive, Suite 127
Las Vegas, NV 89131

~~XXXXXX~~ Chairman: Clifton Waterbury
Address: 16621 N. 91st Street, Suite 103
Scottsdale, AZ 85260

Director: Kevin Hicks
Address: 1130 Windsor Drive
Wilmington, NC 28403

Director: _____
Address: _____

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B. OFFICERS

President: Lonnie Hugh Warren
Address: 6628 Sky Pointe Drive, Suite 127
Las Vegas, NV 89131

Vice President: _____
Address: _____

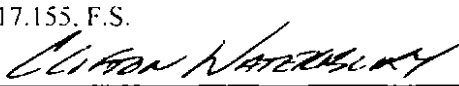
Secretary: Clifton Waterbury
Address: 16621 N. 91st Street, Suite 103, Scottsdale, AZ 85260

Treasurer: Clifton Waterbury
Address: 16621 N. 91st Street, Suite 103, Scottsdale, AZ 85260

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. Clifton Waterbury, Treasurer/Secretary 
(Typed or printed name and capacity of person signing application)



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

**BROOKLYN SPECIALTY INSURANCE COMPANY RISK
RETENTION GROUP, INC**

is a business corporation duly formed as a pure captive insurance company under the laws of the State of North Carolina, having been formed on the 2nd day of August, 2018, with its period of duration being Perpetual.

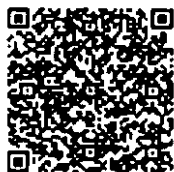
I **FURTHER** certify that, as of the date set forth hereunder, the said business corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said business corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporations Act; and that the said business 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 15th day of October, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of October, 2018.

Elaine F. Marshall

Secretary of State



Scan to verify online.