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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

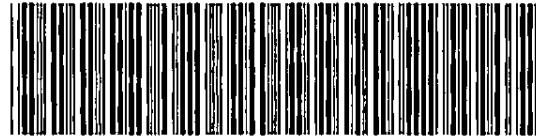
(Business Entity Name)

(Document Number)

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**CANOPY RISK RETENTION GROUP, INC.**

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January 22, 2019

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

**Re: Canopy Risk Retention Group, Inc.**  
**NAIC Company Code: 16434; FEIN: 83-2021815**  
**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:

Andrew Carlton  
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) 373-1113 or by e-mail at [acarlton@pboa.com](mailto:acarlton@pboa.com).

Sincerely,



Andrew Carlton

**Risk Services-Vermont, Inc.**

As Managers for

**Canopy Risk Retention Group, Inc.**

/hr

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Canopy 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:

Andrew Carlton

\_\_\_\_\_  
Name of Person

Risk Services

\_\_\_\_\_  
Firm/Company

1605 Main Street, Suite 800

\_\_\_\_\_  
Address

Sarasota, FL 34236

\_\_\_\_\_  
City/State and Zip code

acarlton@pboa.com

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

For further information concerning this matter, please call:

Andrew Carlton

941 373-1113  
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. Canopy Risk Retention Group, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. North Carolina 3. 83-2021815  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/25/18 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)

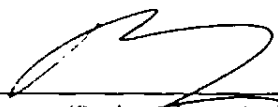
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

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: Henry N. Didier, Jr.

Address: 1203 N. Orange Avenue  
Orlando, FL 32804

~~XXXXX~~XXXXX: Eric Katauskas

Address: 541 S. Orlando Ave., Ste. 206  
Maitland, FL 32751

Director: William Jocius

Address: 290 Reunion Court  
Garner, NC 27529

Director:

Address:

**B. OFFICERS**

President: Henry N. Didier, Jr.

Address: 1203 N. Orange Avenue  
Orlando, FL 32804

Vice President:

Address:

Secretary: B. Troy Winch

Address: 1605 Main Street, Ste. 800, Sarasota, FL, 34236

Treasurer: B. Troy Winch

Address: 1605 Main Street, Ste. 800, Sarasota, FL, 34236

**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. B. Troy Winch, Secretary/Treasurer

(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

#### **CANOPY RISK RETENTION GROUP, INC.**

is a corporation duly incorporated as a pure captive insurance company under the laws of the State of North Carolina, having been incorporated on the 25th day of September, 2018, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said 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 corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of January, 2019.

*Elaine F. Marshall*

Secretary of State