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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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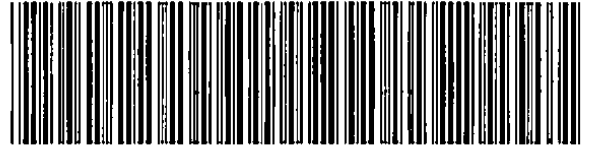
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sutton National Insurance Company

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:

Sam Lebryk

Name of Person	FILED 2013 JUL 25 PM 4:27 TALLAHASSEE, FL
Brickell Insurance Holdings LLC	
Firm/Company	
600 Brickell Ave, Suite 1900	
Address	
Miami, FL 33131	
City/State and Zip code	
slebryk@777part.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Sam Lebryk	917	900-3785
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. Sutton National Insurance Company
(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. WI 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/11/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not prior to registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1855 Griffin Road, Suite 390, Dania Beach, FL 33004
(Principal office address)

_____ (Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By Michele Henry Michele Henry
(Registered agent's signature) Assistant VP

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Steven W. Pasko ✓

Address: 600 Brickell Ave, Suite 1900, Miami, FL 33131

Director: William Hitselberger ✓

Address: 1855 Griffin Road, Suite 390, Dania Beach 33004

B. OFFICERS

President: William E. Hitselberger ✓

Address: 1855 Griffin Road, Suite 390, Dania Beach 33004

Vice President: Judith Rossi ✓

Address: 1855 Griffin Road, Suite 390, Dania Beach 33004

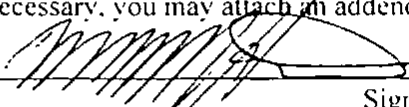
Secretary: Michelle Freitag ✓

Address: 1855 Griffin Road, Suite 390, Dania Beach 33004

Treasurer: William E. Hitselberger ✓

Address: 1855 Griffin Road, Suite 390, Dania Beach 33004

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.

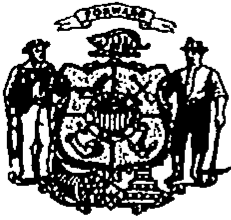
13. William E. Hitselberger - Director
(Typed or printed name and capacity of person signing application)

Addendum to Florida Foreign Corporation Registration: Additional Director

Director: Jorge Beruff

Address: 600 Brickell Ave, Suite 1900, Miami, FL 33131

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2019 JUL 26 PM 4:27
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT



Certificate of Compliance State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **July 16, 2019**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

Sutton National Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

- Aircraft
- Automobile
- Credit Insurance
- Disability Insurance
- Fidelity Insurance
- Fire, Inland Marine and Other Property Insurance
- Liability and Incidental Medical Expense Insurance (other than automobile)
- Miscellaneous
- Ocean Marine Insurance
- Surety Insurance
- Workers Compensation Insurance

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SECRET
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand.

A handwritten signature in black ink, appearing to read 'Mark V. Hahn'.

Commissioner of Insurance