

F19000004740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



2003352931

10/02/19--01017--017

10/02/19 10:01:17
F19000004740
10/02/19 10:01:17

D. BRUCE
OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aspen Risk Management 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:

Stephen Thompson
Name of Person
Aspen Risk Management Group, Inc.
Firm/Company
2727 Camino del Rio S #1
Address
San Diego, CA 92108
City/State and Zip code
aspenteam@aspenrmg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Thompson at (619) 294-9863
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 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. ASPEN RISK MANAGEMENT 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. CALIFORNIA 3. 202057470

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

(FEI number, if applicable)

4. 1/13/2005 5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. N/A

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2727 CAMINO DEL RIO S #1 SAN DIEGO CA 92108

(Principal office address)

(Current mailing address, if different)

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

Name: INCORP SERVICES, INC.

Office Address: 17888 67th COURT NORTH

LOXAHATCHEE

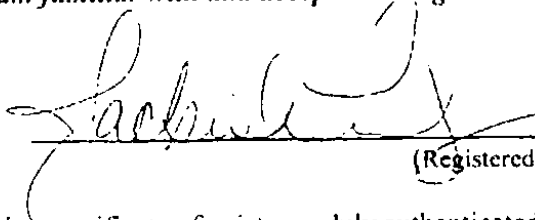
(City)

Florida 33470

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation as designated in this application, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered agent.



Jackie DeFilippis on behalf of INC

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this the Department of State, by the Secretary of State or other official having custody of corporate records in the 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: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stephen Thompson

Address: 2727 Camino del Rio S #1 San Diego, CA

Vice President: _____

Address: _____

Secretary: Cait Casey

Address: 2727 Camino del Rio S #1 San Diego, CA

Treasurer: Cathi Marx

Address: 2727 Camino del Rio S #1 San Diego CA 9

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the fact are true and that he or she is aware that false information submitted in a document to the Department of S a third degree felony as provided for in s.817.155, F.S.

13. Stephen Thompson, President

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ASPEN RISK MANAGEMENT GROUP, INC.

FILE NUMBER: C2587785
FORMATION DATE: 01/19/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 03, 2005.

ALEX PADILLA
Secretary of State