F2000003370

(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:					
W200000 AUT7					





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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2020

EMILY TAYLOR 76 ST. PAUL STREET SUITE:500 BURLINGTON, VT 05401

SUBJECT: SMALL FLEET ADVANTAGE RISK RETENTION GROUP, INC.

Ref. Number: W20000069477

We have received your document for SMALL FLEET ADVANTAGE RISK RETENTION GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

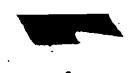
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 920A00013174

RECEIVED
JUL 2 2 2020



COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Small Flee	et Advantage Risk Reten	tion Group,	Inc.		
30b3EC1.	Name of co	rporation -	must include suffix		
Dear Sir or Madam:					
The enclosed "Applicati "Certificate of Existence above referenced foreign Please return all corresp Emily Taylor	e," or "Certificate of C n corporation to transa	iood Standi ict business		d to register t	ida." the 2020 JUL 22
		Name of Pe	rson		
Aon Insurance Managers ((USA), Inc.			rn : Ti	PA IT
76 St. Paul Street, Suite 50		Firm/Compa	nny	ORIDA	3: 28
	· · · · · · · · · · · · · · · · · · ·	Address	;		
Burlington, VT 05401					
	Ci	ty/State and	Zip code		
emily.taylor@aon.com	E-mail address: (to	he used for	future annual report notific	ration)	
For further information				cutton)	
Emily Taylor	nt (802	264-3530		
Name of Person	n (Area Code	Daytime Telephone	Number	-
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for Please make check payabl \$70.00 Filing Fee		RTMENT C		\$87.50 Filit Certificate Certified C	of Status &

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.

(16 anns naonaile	ble in Florida, enter alternate corporate name adopt	ad for the purpose of transacting h	neirace in Florida	
South Carolina	3. <u>84-2</u>		usiness in Fronta.	
2.	under the law of which it is incorporated)	(FEI number, if applicable)		
		Perpetual		
4. (Date	of incorporation) 5. Perp	(Date of duration, if other than perpetual)		
6. No business has				
	(Date first transacted business in Flor (SEE SECTIONS 607,1501 & 607,1502, E et, Suite 135, Charleston, SC 29492	ida, if prior to registration) F.S., to determine penalty liability)	22 PH	
(Principal office street address) $\fill \fill \$				
8. Name and stree Name:	(Current mailing add t <u>address</u> of Florida registered agent: (P.O. Bo Janette Wilcox			
Office Address:	13901 Sutton Park Dr. S., Building C, Suite 360			
	Jacksonville	. Florida ³²²²⁴		
	(City)	(Zip code)		
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relati with and accept the obligations of my position	as registered agent and agree t we to the proper and complete p	o act in this capacity. 1	

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.

A. DIRECTORS						
□Chairman	Name: Mark Thomas Epperson	□Chairman	Name: Michael John Coulter			
□Vice Chairman	Address: 501 Corporate Centre Drive	□Vice Chairman	Address:			
□Director	Suite 300	■Director	Suite 135			
■ President	Franklin, TN 37067	□President	Charleston, SC 29492			
□Vice President		□Vice President				
□Secretary	□Treasurer	■ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman □Vice Chairman □Director	Name: Mark Joseph Nunes 200 East Randolph Street 4th Floor	□Chairman □Vice Chairman ■Director	Name: Christopher Joseph Carver Address: 1280 Hawley Way Bainbridge Island, WA 98110			
□President	Chicago, IL 60601	□President	<u>ို</u> က ယ မြ			
□Vice President		□Vice President	: 28 DRIUA			
☐ Secretary	■ Treasurer	□Secretary	□Treasurer			
□Other	□Other	□Other	Other			
□Chairman □Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director □President	Name:Address:			
		□Vice President				
□Vice President □Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other		□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 \$.817.155, F.S.

Michael Coulter

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Small Fleet Advantage Risk Retention Group, Inc., a corporation duly organized under the laws of the State of South Carolina on June 14th, 2019, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 21st day of July, 2020.

Mark Hammond, Secretary of State