F21000004757

(Requestor's Name)						
(Address)	-					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Statu	ıs					
Special Instructions to Filing Officer:						
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Office Use Only



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AUG 19 2021 M. SOLOMON

COVER LETTER

~	on of Corporations		
SUBJECT:	Park Wood Risk Retention Gro	up, Inc.	
	Name of	corporation	- must include suffix
Dear Sir or M	adam:		
"Certificate of	"Application by Foreign Corp Existence," or "Certificate of red foreign corporation to tran	f Good Stand	Authorization to Transact Business in Florida, ding" and check are submitted to register the is in Florida.
Please return a	all correspondence concerning	this matter	to the following:
Pam Moniz			
		Name of F	Person
Risk Services, I	LC		
		Firm/Comp	pany
1605 Main Stre	et Suite 800		·
		Addres	SS
Sarasota, FL, 3	4236		
	(City/State an	d Zip code
pmoniz@pboa.	com		
<u> </u>	E-mail address: (to be used fo	or future annual report notification)
For further inf	ormation concerning this matt	er, please ca	II:
Pam Moniz	at	941)
Name	of Person	Area Code	Daytime Telephone Number
Regist Divisio The Co 2415 N	ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee M. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a c Please make che ■ \$70.00 Filir	heck for the following amounck payable to: FLORIDA DEPA ag Fee	ARTMENT (Tee &	DF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee Certified Copy Certificate of Sta 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.

(It name unavail	able in Florida, enter alternate corporate name ac	Lanta of far the manage of the same in the	de la constant
Alabama			
2. (State or countr	y under the law of which it is incorporated)	(FEI number, if applications)	hle)
11/16/2018			
4. (Date of incorporation) 5.		(Date of duration, if other than p	perpetual)
6			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2. F.S., to determine penalty liability)	
7 445 Dexter Aven	ue. Ste. 9075, Montgomery, AL 36104	pontary manny,	
·	(Principal office	street address)	
1605 Main Street	, Suite 800 Sarasota, FL 34236		
	(Current mailing	address, if different)	
			<u></u>
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	2021
	Florida Chief Financial Officer		
Name:			7., - 1 CTS
Name: Office Address:	FLOIR, 200 East Gaines Street		2021 AUG 17
	FLOIR, 200 East Gaines Street	— Elorida 32399	617 An
	FLOIR, 200 East Gaines Street	, Florida <u>32399</u> (Zip code)	617 AH 9:
Office Address:	FLOIR, 200 East Gaines Street Tallahassee (City)		र्गिले 🌉 🖡
Office Address: 9. Registered age Having been name	FLOIR, 200 East Gaines Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service	(Zip code) of process for the above stated corn	TOT STATE OF
Office Address: 9. Registered age Having been name designated in this	FLOIR, 200 East Gaines Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	(Zip code) of process for the above stated corp nt as registered agent and agree to a	poration at the place
Office Address: 9. Registered age Having been name designated in this further agree to co	FLOIR, 200 East Gaines Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele	(Zip code) of process for the above stated corp nt as registered agent and agree to a utive to the proper and complete per	poration at the place
Office Address: 9. Registered age Having been name designated in this further agree to co	FLOIR, 200 East Gaines Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	(Zip code) of process for the above stated corp nt as registered agent and agree to a utive to the proper and complete per	poration at the place
Office Address: 9. Registered age Having been name designated in this further agree to co	FLOIR, 200 East Gaines Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele	(Zip code) of process for the above stated corp nt as registered agent and agree to a utive to the proper and complete per	poration at the place
Office Address: 9. Registered age Having been name designated in this further agree to co	FLOIR, 200 East Gaines Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele	(Zip code) of process for the above stated corp nt as registered agent and agree to a utive to the proper and complete per	poration at the place

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: Craig Sanders Name: ____ David Eblen □ Chairman □ Chairman 4514 Cole Ave, Suite 1175 370 Mountain View Road ☐ Vice Chairman Address: Address: □Vice Chairman Dallas, TX 75205 Springville, AL. 35146 **■**Director □Director President □ President □Vice President ■ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer: = □Other ____ □Other _____ □Other _ □Other Troy Winch Name: ____ Dan Mills ☐ Chairman □Chairman Address: _____ Main Street, Ste. 800 2600 North Central Expressway □ Vice Chairman ☐ Vice Chairman Address: Sarasota, FL 34236 Suite 600 □ Director □ Director Richardson, TX, 75080 □President □ President □ Vice President __ □ Vice President □ Secretary ■ Treasurer ■ Secretary ☐ Treasurer □Other _____ □Other _____ □Other ____ Name: _ Douglas B. Hughes Peter Curtin Name; __ \Box Chairman □Chairman □Vice Chairman Address: 949 Mountain Branch Drive One Metroplex Dr., Suite 400 □Vice Chairman Address: Vestavia, AL, 35226 Birmingham, AL 35209 ■ Director ■ Director □ President □President □ 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 Horida 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 s.817.155, F.S.

Troy Winch, Treasurer

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Park Wood Risk Retention Group, Inc. was formed in Montgomery County, Alabama on November 16, 2018. The Alabama Entity Identification number for this entity is 535-341. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/12/2021

Date

X2. Mill

John H. Merrill

Secretary of State