F22000005829

(Requestor's Name)
(1.542000) 5 1.2.110)
(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:
Lec'h D





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SECRETARY OF STATE

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SEP 16 2022 M. SOLOMON

COVER LETTER

	stration Section sion of Corporation	ons					
	Deafordanal Tru	nsportation Risk Retentic	n Group,	Inc.			
SUBJECT: Name of corporation - must include suffix							
Dear Sir or M	1adam:						
"Certificate o	of Existence," or	Foreign Corporation f Certificate of Good Storation to transact busi	anding"	and check are sub			
Please return	all corresponden	ce concerning this mat	ter to the	e following:			
Gemma Tuan	-ļui						
		Name	of Person	1		:+	20
Risk Services.	LLC					7 7 3 7 7 3 7 7 4 4	2022 SEP
		Firm/C	ompany			# 51	ليا
1605 Main Su	reet Suite 800					772 112	9
	16	Ad	dress				3
Sarasota, FL,	34236					왕	, <u>, , , , , , , , , , , , , , , , , , </u>
		City/State	and Zip	code		71	ţ-
gtuanqui@pbe							
	E-n	nail address: (to be use	d for fut	ure annual report i	notification)		
For further in	formation conce	rning this matter, pleas	e call:				
Gemma Tuan	Name of Person Area Code Daytime Telephone Number		_				
Nan	ne of Person	Area C	ode	Daytime Telep	hone 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				
	ling Fee 🔲 S	lowing amount: LORIDA DEPARTME 578.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & tified Copy	\$87.50 Fili 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.

(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)
·	·		,
(State or countr	i i	(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
445 Dexter Aven	ue, Ste. 9075, Montgomery, AL 36104		
 		re <u>street</u> address)	
1605 Main Stree	t, Suite 800 Sarasota, FL 34236		
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	5.77 2.77
Name:	Florida Chief Financial Officer	<u>-</u>	1710
Office Address:	FLOIR, 200 East Gaines Street		F STA
	Tallahassee	32399	
	(City)	, Florida (Zip code)	
	·	, ,	
• • • • • • • • • • • • • • • • • • • •	ent's acceptance: led as registered agent and to accept servic	re of process for the above stated co	rporation at the p
**	application, I hereby accept the appointm		
	omply with the provisions of all statutes re		erformance of my
4 T C 111	with and accept the obligations of my pos	ition as registered agent.	

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					
□Chairman	Name: Brian Menendez	□Chairman	Name:		
□Vice Chairman	Address: 260 1st Ave. South, Suite 200-36	□Vice Chairman	Address: 949 Mountain Branch Drive		
Director	St. Petersburg, FL 33701	Director	Vestavia, AL 35226		
■ President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
Other	Other	□Other	Other		
☐ Chairman	Christopher S. Teter	□Chairman	Name:		
□Vice Chairman	Address: 260 1st Ave. South, Suite 200-	□Vice Chairman	Address:		
□Director	St. Petersburg, FL 33701	□Director			
□President		□President			
□Vice President		□Vice President	20/2		
■ Secretary	□Treasurer	□Secretary	□Treasurer 👸 :		
□Other	Other	□Other	Other 5		
□Chairman □Vice Chairman	Name: Troy Winch Name: 1605 Main Street, Suite 800 Address:	□Chairman □Vice Chairman	Name:Address:		
Director	Sarasota, FL 34236	□Director			
□President		□President			
□Vice President		□ Vice President			
☐ Secretary	■ Treasurer	□Secretary	□Treasurer		
□Other	Other	□Other	Other		
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	partment of State Annual Re	port form.		

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 Professional Transportation Risk Retention Group, Inc. was formed in Alabama, Alabama on May 17, 2022. The Alabama Entity Identification number for this entity is 001-020362. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220822000027724

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.

08/22/2022

Date

X. M. Marill

John H. Merrill

Secretary of State



September 1, 2022

GEMMA TUANQUI RISK SERVICES, LLC 1605 MAIN STREET SUITE 800 SARASOTA, FL 34236

SUBJECT: PROFESSIONAL TRANSPORTATION RISK RETENTION GROUP,

INC.

Ref. Number: W22000112046

We have received your document for PROFESSIONAL TRANSPORTATION RISK RETENTION GROUP, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence. Updated Certificate encored

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

Mel Solomon Senior Section Administrator

Letter Number: 722A00019538

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