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HIPES & NORTON, P.C.
Attorneys At Law
State 390 The Day Building
4725 Peachtree Corners Circle
Norcross, Georgia 30092

Tel (770) 263-9330
Fax (770) 263-9377

November 5, 1996

VIA FEDERAL EXPRESS

Florida Department of State
Qualifications / Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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-11/06/96--01076--005
*****78.75 *****78.75

Re: Application by Loss Consultants International, Ltd. for Authorization
to Transact Business in Florida

Dear Sir or Madam:

W96-23767

Please find enclosed the Application by Loss Consultants International, Ltd. for authorization to transact business in Florida. Also enclosed is a check for \$78.75. This amount is to cover the \$70.00 registration fee as well as the \$8.75 required for a certificate of status. Please use the self-addressed stamped envelope enclosed to return the letter of acknowledgment, the certificate of status, and any other documentation to our office. If there is a problem, or if you have any questions, please do not hesitate to call.

11/14

Sincerely,
HIPES & NORTON, P.C.


John D. Hipes

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

JDH:kjv
Enclosures



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 8, 1996

HIPES & NORTON, P.C.
SUITE 390 THE DAY BLDG.
4725 PEACHTREE CORNERS CIRCLE
NORCROSS, GA 30092

SUBJECT: LOSS CONSULTANTS INTERNATIONAL, LTD.
Ref. Number: W96000023767

We have received your document for LOSS CONSULTANTS INTERNATIONAL, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

If your corporation wishes to transact business in Florida under any name other than its legal corporate name, the attached "Fictitious Name Registration Packet" will need to be completed.

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 (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 396A00051255

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: "Loss Consultants International, LTD, 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", 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:

John D. Hipes
(Name of Person)

Hipes & Norton, P.C.
(Firm/Company)

Suite 390 The Day Building, 4725 Peachtree Corners Circle
(Address)

Norcross, Georgia 30092
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

John D. Hipes at (770) 263-9330
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. "Loss Consultants International, LTD, Inc."
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 043223986
(FEI number, if applicable)
4. 9-22-93
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.153, F.S.))
7. 1621 Central Avenue
Albany, New York 12205
(Current mailing address)
8. Independent insurance loss consultations; Public Adjusting
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Andrew Fusco
Office Address: 1361 South Ocean Blvd., Suite 901
Pompano Beach, Florida, 33062
(Zip Code)

10. 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.

Andrew M. Fusco
(Registered agent's signature)

11. 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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Andrew Fusco

Address: 1361 South Ocean Blvd. Suite 901
Pompano Beach, Florida 33062

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Andrew Fusco

Address: 1361 South Ocean Blvd. Suite 901
Pompano Beach, Florida 33062

Vice President: N/A

Address: _____

Secretary: Andrew Fusco

Address: 1361 South Ocean Blvd. Suite 901
Pompano Beach, Florida 33062

Treasurer: N/A

Address: _____

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

13. Andrew M. Fusco President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Andrew Fusco, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOSS CONSULTANTS INTERNATIONAL, LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 1996.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



A handwritten signature in cursive script, reading "Edward J. Freel", is written over a horizontal line.

Edward J. Freel, Secretary of State

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960293501

AUTHENTICATION: 8145007

DATE: 10-14-96