F9700006183

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section	-
Division of Corporations	
SUBJECT: CAALA OHIO, INC. Next Risk Managemen	1 Inc.
(Name of corporation - must include suffix)	
	0023539191 -11/21/9701049001 ******70.00 ******70.00
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence", and check are submitted to register the above referenced for transact business in Florida.	ness in Florida", eign corporation to
Please return all correspondence concerning this matter to the following:	
MATTHEW E. MORRALL, ESQ. (Name of Person)	-
MATTHEW E. MORRALL, P.A.	
(Firm/Company)	7
2455 EAST SUNRISE BOULEVARD, PHW	BIVIS 97
(Address)	
FORT LAUDERDALE, FLORIDA 33304	FILE FILE
(City/State/Zip)	ED Y OF STA ORPORA PM 2:
Should you need to call someone concerning this matter, please call:	ATTENS -
MATTHEW E. MORRALL, ESQ. at (954) 563-4005	intre
(Name of Person) (Area Code & Daytime Telephone N	(umber) $ll/2$

COURIER ADDRESS:

Qualification/Tax Lien Section 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.	(Name of corpo	RISK MANAGEMENT, INC. oration; must include the word "INCORPORATEI viations of like import in language as will clearly or partnership if not so contained in the name at pro-	indicate that			
2.				65-0748185		
	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)		•
4,	SEPTEMBE	R 24, 1996 5P	ERPETUAL	<u>. </u>		
	(Da	te of incorporation) (Duration:	Year corp.	will cease to exist or "perpetua	,	
6	м.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			97 NOV	₹ <u>s</u>
U.	(Date firs	3 (,) 99 - it transacted business in Florida.) (SEE SECTIONS	607.1501,	607.1502 and 817.155, F.S.)	3	- 92
_			ŕ	, ,	2	육물고
7.	1900_GLAD	ES ROAD, SUITE 355	<u> </u>			<u>-935</u>
	BOCA RATO	ON, FLORIDA 33431			2	- 35 - 35 - 35 - 35
		(Current mailing address	s)		Ü	
					ဒ္	ਤੂਜਾਂ
8.	ALL LEGAL	PURPOSES				C/3
		(s) of corporation authorized in home state or cour	try to be car	rried out in state of Florida)		
0	Name and stu	not address of Florida maintaned arount. (D	7 Den en 1	Mail Dans Dans NOT account	1.1.1	
У.	Name and str	eet address of Florida registered agent: (P.	J. BOX OF I	viaii Drop Box NO1 accepta	ibie)	
	Name:	MATTHEW E. MORRALL				
Λf	fice Address:	2455 EAST SUNRISE BLVD., PHW				
OI.	nec Address.		_	- ;		
		FORT LAUDERDALE	_, Florida,	33304		-
			·	(Zip code)		
	5 5					

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.

(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.

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:	DANTEL CLARK		
Address: _	32663 ARLERFORD DR. SOLON, OHIO		·- ·
Vice Chair	man: WILLIAM F. COMISKEY, JR.		
Address:	20350 COZUMEL CT., BOCA RATON, FLA.		
	-	-	
Director:	CRAIG I. STOUT		,
Address: _	2985 WINTHROP ROAD		
_	SHAKER HEIGHTS, OHIO		
Director: _	ANNE L. MEYERS		
Address:	2985 WINTHROP ROAD		
_	SHAKER HEIGHTS, OHIO	97	
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	NO.	\$500 \$500 \$500 \$500 \$500 \$500 \$500 \$500
, Precident:	WILLIAM F. COMISKEY, JR.	121	PAR T
	20350 COZUMEL COURT	PK	
	BOCA RATION RIORIDA	ည	ED STATE
- Vice Presid	lent: DANIEL J. CLARK	<u>3</u>	S
	-32663 ARLERFORD DRIVE		
_	SOLON, OHIO		
Secretary:	ANNE L. MEYERS		
Address: _	2985 WINTHROP ROAD		
_	SHAKER HEIGHTS, OHIO		
Treasurer:	FELICIA P. YOUNG		
Address: _	22555 CENTER RIDGE ROAD, #308		-
	ROCKY RIVER, OHIO		
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.		-
13	Un I Comester of		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	William F. Comiskey, Jr., President		-
	(Typed or printed name and capacity of person signing application)		

DIRECTORS CONTINUED

DIRECTOR: FELICIA P. YOUNG

22555 CENTER RIDGE ROAD, #308 ROCKY RIVER, OHIO ADDRESS:

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and miscellaneous filings; that said records show NEXT RISK MANAGEMENT, INC., an Ohio Corporation, Charter No. 954949, principal location in Cleveland, County of Cuyahoga, incorporated on September 24, 1996, is currently in GOOD STANDING upon the records of this office.

SECRETARY OF STATE DIVISION OF CORPORATIONS



WITNESS my hand and official seal at Columbus, Ohio this 15th day of October, A.D. 1997

Bob Taft

Bob Taft Secretary of State