

F980000000454

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

500002411425--3  
-01/26/98--01031--026  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

500002411425--3  
-01/26/98--01031--027  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

500002411425--3  
-01/26/98--01031--028  
\*\*\*\*\*113.75 \*\*\*\*\*113.75

Avalon Risk Management, Inc.

☒ Profit  
☐ NonProfit  
☐ Limited Liability Co.  
☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fictitious Name Filing

☒ Certified Copy

☐ Photo Copies

☒ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

JAN 26 1998

Thanks,  
Jeff

# 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. Avalon Risk Management, 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. Illinois  
(State or country under the law of which it is incorporated)
3. 36-4202541  
(FEI number, if applicable)
4. January 8, 1998  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 1300 East Woodfield Road, Suite 512, Schaumburg, Illinois 60173  
(Current mailing address)
8. To provide insurance brokerage services  
(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:

Name: C T Corporation System  
Office Address: c/o C T Corporation System, 1200 South Pine  
Plantation, Florida, 33324  
(Zip Code)

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10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Connie Bryan  
(Registered agent's signature) (Officer)

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

(Type Name and Title of Officer)

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:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: See attached list of directors

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: Gary C. Bhojwani

Address: 1300 East Woodfield Road, Suite 512

Schaumburg, Illinois 60173

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: Denise Lee Hruby

Address: 1300 East Woodfield Road, Suite 512

Schaumburg, Illinois 60173

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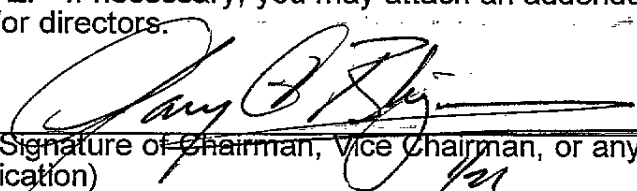
Treasurer: William Shaun Jackson

Address: 1300 East Woodfield Road, Suite 512

Schaumburg, Illinois 60173

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

13.

  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gary C. Bhoiwani, President

(Typed or printed name and capacity of person signing application)

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of  
Avalon Risk Management, Inc.**

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1. Gary C. Bhojwani  
1300 East Woodfield Road, Suite 512  
Schaumburg, Illinois 60173
2. William Shaun Jackson  
1300 East Woodfield Road, Suite 512  
Schaumburg, Illinois 60173
3. William Gabriel Star  
1300 East Woodfield Road, Suite 512  
Schaumburg, Illinois 60173

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File Number 5975-410-6



**To all to whom these Presents Shall Come, Greeting.**

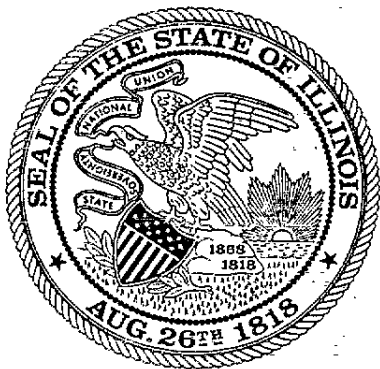
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*I, George H. Ryan, Secretary of State of the State of Illinois,*

*do hereby certify that*

AVALON RISK MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 8, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*



**In Testimony Whereof,** *I hereto set*  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois this* \_\_\_\_\_ **20TH**  
*day of* \_\_\_\_\_ **JANUARY** *A.D., 19* **98**

*George H Ryan*  
\_\_\_\_\_  
SECRETARY OF STATE