F9800000 12-16

TO: Qualification/Tax Lien Section
Division of Corporations

SUDJOO24

SUBJECT: Risk Services-South, Inc. -03/02/98

(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:

Jon Harkavy	3.0
(Name of Person)	WL
Risk Services-South, Inc.	DIVISION SECR
(Firm/Company)	SECRETARIAN SECRET
1501 Wilson Blvd., Suite 1110	F CAR
(Address)	3 Sec -
Arlington, VA 22209	STATI ORATII
(City/State/Zip)	

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

Jon Harkavy at (703) 812-8425

(Name of Person) (Area Code & Daytime Telephone Number)

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.	Risk Services-South, 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	98 MAR	
	natural person or partnership if not so contained in the name at present.)		SE
			THE STATE OF THE S
2.	Alabama 33.5367	2	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	PM 12:	
4.	November 7, 1997 5 Perpetual	$\dot{\Sigma}$	R.
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	29	TOUS.
6.	Projected to be March 1, 1998		
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		-
7.	1800 Second Street, Suite 909		,
	Sarasota, FL 34236		
	(Current mailing address)		
T	conduct all lawful busines within and outside the State of Alak	าลฑล	includina
eı	ngaging as an agent, managing general agent and/or broker, in all	L cl	asses of
8.	<u>insurance now or hereafter permitted by statute in any state(s) v</u>	vher	e the
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		_
	Corporation does business.		
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	Name: Randolph J. Wolfe, Esquire		÷ ,
	The state of the s	-	
Οf	fice Address: Annis, Mitchell, Cockey, Edwards & Roehn, P.A.		
	201 N. Franklin St., #2200, Tampa, Florida, 33602		
	(Zip code)	Ÿ	
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) Randolph J. Wilk, Ry. Agent

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)

1,01,	and addresses of officers and/or directors: (Street address ONLY-P. O. Box acceptable)	
	CTORS (Street address only- P. O . Box NOT acceptable)	
Chairman:	G. Wayne Harris	. · ·
Address: _	7251 Plover's Way, Sarasota, FL 34242	·
– Vice Chairm	nan:	·= · · · · ·
Address:		
Director:		un ase in in mili
Address:	Michael T. Rogers 6 Main Street, Brookfield, VT 05063	
_	Towns and the second se	
Director:	Jon Harkavy	5
Address:	8100 Hamilton Spring Rd., Bethesda, MD 20817	NSESW 8238
B. OFFICE	ERS (Street address only- P. O. Box NOT acceptable)	
President: _	Jon Harkavy	350
Address:	8100 Hamilton Spring Rd., Bethesda, MD 20817	STATE STATE
Vice Presider	nt: Michael T. Rogers	क
(and Treast Address:	rer) Main Street, Brookfield, VT 05063	
Secretary:	Pamela Roy	· · · · = · · · · · · ·
Address:	5 Point Ridge Road, Barre, VT 05641	in will be a second
Asst. Secre	tary: Heather Ross	: + , *,
	5115 Lawton Dr., Bethesda, MD 20816	e jake jake
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
NOTE: If ne officers and/o	cessary, you may attach an addendum to the application listing additional or directors.	
13(Şignati	ure of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	·
	Jon Harkayy Procident	
	(Typed or printed name and capacity of person signing application)	i kur∑ ka

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Risk Services-South, Inc. incorporated in Montgomery County, Montgomery, Alabama on November 7, 1997. I further certify that the records do not disclose that said Risk Services-South, Inc. has been dissolved.

DIVISION OF CORPORATION

98 MAR -2 PM 12: 20



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.

January 27, 1998

Date

Jin Bennett

Jim Bennett

Secretary of State