

F99000000 3201

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Atlas Administrators, 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:

Julianne Blanchette
(Name of Person)
Atlas Administrators, Inc.
(Firm/Company)
7301 North 16th Street, Suite 201
(Address)
Phoenix, Arizona 85020
(City/State/Zip)

99 JUN 18 AM 9:05
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4mth
6/22

200002908672--3
-06/18/99--01046--006
*****87.50 *****87.50

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

Julianne Blanchette at (602) 371-3860 X2304
(Name of Person) (Area Code & Daytime Telephone Number)

STREET 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

- FILED
SECRETARY OF STATE
DIVISION OF RECORDS

Corporation Service Company
By: Mary J. Henry, Asst. V.P.
(Registered agent's signature)

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: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 18 AM 9:05

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. Wendy Sara, Corporate Secretary
(Typed or printed name and capacity of person signing application)

**ATLAS ADMINISTRATORS, INC.
OFFICERS AND DIRECTORS**

DIRECTORS

George E. Bogle
916 South Capitol of Texas Highway
Austin, Texas 78746

W. Joseph Martin
916 South Capitol of Texas Highway
Austin, Texas 78746

OFFICERS

George E. Bogle
916 South Capitol of Texas Highway
Austin, Texas 78746

CEO

W. Joseph Martin
916 South Capitol of Texas Highway
Austin, Texas 78746

President

Kelly Mills
7301 North 16th Street, Suite 201
Phoenix, Arizona 85020

Vice President

Richard Weinberger
916 South Capitol of Texas Highway
Austin, Texas 78746

Treasurer

Wendy L. Sara
7301 N. 16th St., Ste 201
Phoenix, Arizona 85020

Secretary

99 JUN 18 AM 9:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

ATLAS ADMINISTRATORS, INC.
File No. 1318064-00

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.

99 JUN 18 AM 9:06

FILED
SECRETARY OF STATE
DIVISION

*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
the City of Austin, on June 8, 1999.*



Elton Bomer
Secretary of State

DAE

STATE TREASURER
INSURANCE COMMISSIONER
TALLAHASSEE, FLORIDA 32399-0300

APPLICATION FOR CERTIFICATE OF AUTHORITY
TO CONDUCT BUSINESS
IN THE STATE OF FLORIDA
ADMINISTRATOR

June 2, 1999

TO THE TREASURER OF THE STATE OF FLORIDA,
TALLAHASSEE, FLORIDA

SIR: The Atlas Administrators, Inc.
(Give name of company or association in full)

Federal Identification Number 74-2717910

of 916 South Capital of Texas Highway, Austin, Texas 78746
(Home Office Address) (City) (State) (Zip)

Telephone: (512) 306-0201 Fax: (512) 328-6785

through its duly authorized officers, hereby applies for a certificate of authority authorizing and empowering the company or association aforesaid to act as an administrator in the State of Florida, under the laws thereof, and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By 
President or Chief Executive Officer

Attest 
Secretary

Name of attorney or principal filing this application:

Name: Julianne Blanchette Title: Paralegal

Company: Atlas Administrators, Inc.

Street Address: 7301 North 16th Street, Suite 201

City: Phoenix State: Arizona Zip Code: 85020

Telephone: (602) 371-3860 Fax: (602) 906 2050