

F99000003958

TRANSMITTAL LETTER

To: Qualification/tax Lien Section
Division of Corporations

SUBJECT: Risk Program Managers, 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:

600002946726-7
-08/02/99-01004-001
*****70.00 *****70.00

JOHN VESSECCHIA
(Name of Person)

(Firm/Company)

919 CENTER ST.
(Address)

TUCKERTON, NJ 08087
(City/State/Zip)

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

John Vessecchia at (732) 262-2155
(Name of Person) (Area Code & Daytime Telephone Number)

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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

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CAPRICORN COVERAGE, INC.
9761C Boca Gardens Circle N.
Boca Raton, Florida 33496

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

July 26, 1999

In re: Incorporation of **Capricon Coverage, Inc.**

To Whom It May Concern:

Please find enclosed Articles of Incorporation for **CAPRICORN COVERAGE, Inc., a Florida corporation** (original and one copy), together with the undersigned's check number in the amount of \$78.75, which represents the following:

Filing Fee:	\$ 35.00
Certified Copy:	\$ 8.75
Registered Agent Designation:	\$ 35.00
TOTAL	\$ 78.75

Thank you for your prompt attention to this matter. If you should have any questions, please do not hesitate to contact the undersigned.

Sincerely,

CAPRICORN COVERAGE, INC.

By: *Sandra Vessecchia*
SANDRA VESSECCHIA, REGISTERED AGENT

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**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 PROGRAM MANAGERS, 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. New Jersey 3. 22-3537831
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Sep 11 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. No Business Conducted AS YET
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 186 MANTOLOKING ROAD
BRICK, N.J. 08723

(Current mailing address)

8. The Corporation may engage in any activity or business permitted under the laws of
(Purpose(s) of corporation authorized in home-state or country to be carried out in state of Florida) *The U.S. State of N.J.*
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: SANDRA VESSECCIA
Office Address: 9761 C Boca Garden Circle No.
Boca Raton, Florida, 33496
(zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service 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 the obligations of my position as registered agent.

Sandra Vessecchia
(Registered agent's signature)

I 1. 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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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: JOHN VESSECCHIA

Address: 919 CENTER ST.

TUCKERTON, NJ 08087

Vice President: HEATHER L. GORMAN

Address: 48 WATERMAN AVE

RUMSON, NJ

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. JOHN VESSECCHIA
(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RISK PROGRAM MANAGERS, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on September 11, 1997.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

William R. Deisinger, Esq.
170 Broad Street
Po Box 807
Red Bank, NJ 07701

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RISK PROGRAM MANAGERS, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
26th day of May, 1999.

James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer

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