

M120000000914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

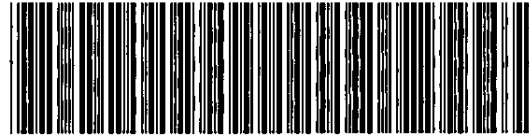
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen FEB 17 2012

**GARDERE**

*attorneys and counselors ■ www.gardere.com*

Direct: (214) 999-4608  
Direct Fax: (214) 999-3608  
adavis@gardere.com

February 15, 2012

**Via Federal Express**

Florida Secretary of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

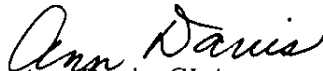
**Re: Highpoint Risk Services, LLC  
Application for Authorization to Transact Business**

Dear Madam or Sir:

On behalf of Highpoint Risk Services, LLC, enclosed please find an original and one copy of an Application for Authorization to Transact Business in Florida along with the required supporting documentation. Also enclosed is a check in the amount of \$125 to cover the filing fee. Please return a file stamped copy in the enclosed self-addressed envelope.

If you have any questions or need anything further, please feel free to give me a call. Thank you for your assistance with this application.

Best regards,

  
Ann Davis, CLA  
Paralegal

Enclosures  
/ad

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Highpoint Risk Services, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Ann Davis

Name of Person

Gardere Wynne Sewell LLP

Firm/Company

1601 Elm Street, 3000 Thanksgiving Tower

Address

Dallas, Texas 75201-4761

City/State and Zip Code

KaraC@hpadmin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Davis, CLA

Name of Person

at ( 214 )

999-4608

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Highpoint Risk Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-3734869

(FEI number, if applicable)

4. September 19, 2005

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5501 LBJ Freeway, Suite 1200

Dallas, Texas 75240

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Charles D. Wood, Jr.

5501 LBJ Freeway, Suite 1200

Dallas, Texas 75240

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Transact any and all lawful  
business for which limited liability companies may be authorized under the Texas Business Organizations Code.

C.D. Wood Jr.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Charles D. Wood, Jr.

Typed or printed name of signee

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12 FEB 16 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Highpoint Risk Services, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**C T Corporation System**

(Name)

**1200 South Pine Island Road**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Plantation, FL 33324**

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

 Debra Boettger  
Assistant Secretary

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



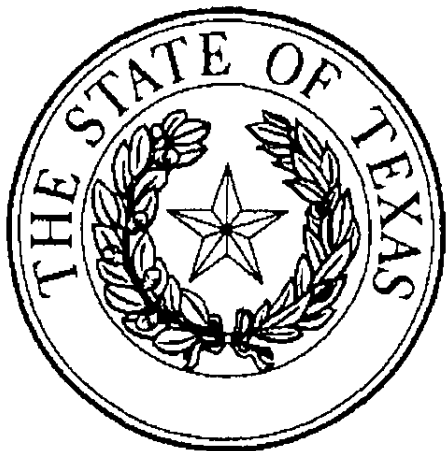
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for HIGHPOINT RISK SERVICES, LLC (file number 800547026), a Domestic Limited Liability Company (LLC), was filed in this office on September 19, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 06, 2012.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State