

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (305) 935-3500  
Fax Number : (305) 935-9042

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: kleopold@leopoldkorn.com

**DOMESTICATION**  
**REMINGTON INSURANCE COMPANY**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 043      |
| Estimated Charge      | \$128.75 |

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**CERTIFICATE OF DOMESTICATION**

The undersigned, Jeffrey Krohengold, Vice President  
(Name) (Title)


of REMINGTON INSURANCE COMPANY a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 26, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was South Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was REMINGTON INSURANCE COMPANY.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is REMINGTON INSURANCE COMPANY.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation; or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was South Carolina.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Vice President, of REMINGTON INSURANCE COMPANY

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12<sup>th</sup> day of March, 2013.

  
(Authorized Signature)

**Filing Fee:**

|  |          |
|--|----------|
| Certificate of Domestication                 | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file                | \$128.75 |

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: REMINGTON INSURANCE COMPANY**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
825 Coral Ridge DriveCoral Springs, FL 33071Mailing address, if different is:  
c/o Beecher Carlson8390 E. Crescent Parkway, Suite 200Greenwood Village, CO 80111**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To transact insurance and for all lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 1,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Craig Perry, PresidentAddress: 825 Coral Ridge DriveCoral Springs, FL 33071Name and Title: Jeffrey Kronengold, VP and TreasurerAddress: 825 Coral Ridge DriveCoral Springs, FL 33071Name and Title: Robert Stiegele, SecretaryAddress: 825 Coral Ridge DriveCoral Springs, FL 33071Name and Title: Mark Ouimette, Asst. SecretaryAddress: 8390 E. Crescent Parkway, Suite 200Greenwood Village, CO 80111

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

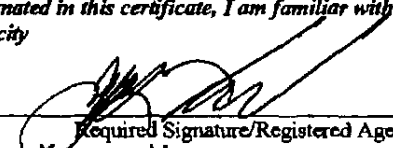
Name: Jeffrey Kronengold, Esq.Address: 825 Coral Ridge DriveCoral Springs, FL 33071

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Jeffrey Kronengold  
Address: 825 Coral Ridge Drive  
Coral Springs, FL 33071

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

**X**

  
Required Signature/Registered Agent  
Jeffrey Kronengold

3-4-13

Date

I submit this document and affirm 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.

**X**

  
Required Signature/Incorporator  
Jeffrey Kronengold

3-4-13

Date

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