



**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Ascend Insurance Resources, 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:

Debbie Evans  
(Name of Person)  
Ascend Insurance Resources, Inc  
(Firm/Company)  
3247 W Santa Fe Road  
(Address)  
Park City, UT 84098-4624  
(City/State and Zip code)

For further information concerning this matter, please call:

Debbie Evans at ( 435 ) 645.8100  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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

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. Ascend Insurance Resources, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Utah 3. 87-0512994  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/13/1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3247 W Santa Fe Road, Park City, UT 84098-4624  
(Principal office address)

3247 W Santa Fe Road, Park City, UT 84098-4624  
(Current mailing address)

8. Insurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

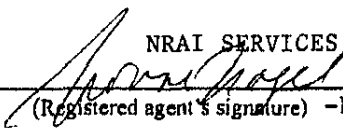
Name: NRAI SERVICES, INC.

Office Address: 2731 Executive Park Drive, Suite 4  
Weston, Florida 33331  
(City) (Zip code)

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.*

NRAI SERVICES INC.

  
(Registered agent's signature) -Norine Nagel-Assistant Secretary

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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 19 - 2 A 8 16

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Leslie C. Dewald

Address: 197 W 5200 N

Park City, UT 84098

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Leslie C. DeWald

Address: 197 W 5200 N

Park City, UT 84098

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.  \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Leslie C. DeWald, President

(Typed or printed name and capacity of person signing application)



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
 160 East 300 South, 2nd Floor, PO Box 146705  
 Salt Lake City, UT 84114-6705  
 Service Center: (801) 530-4849  
 Toll Free: (877) 526-3994 Utah Residents  
 Fax: (801) 530-6438  
 Web Site: <http://www.commerce.utah.gov>

July 2, 2008

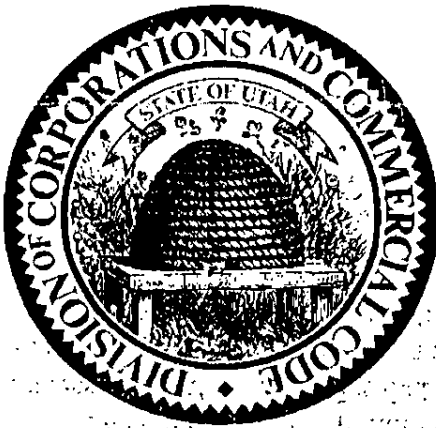
ASCEND INSURANCE RESOURCES, INC.  
 3247 W. SANTA FE RD  
 PARK CITY, UTAH 84098-4624

## CERTIFICATE OF EXISTENCE

**Registration Number:** 1390068-0142  
**Business Name:** ASCEND INSURANCE RESOURCES, INC.  
**Registered Date:** JANUARY 13, 1998  
**Entity Type:** CORPORATION-DOMESTIC-PROFIT  
**Current Status:** GOOD STANDING



The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.



*Kathy Berg*

Kathy Berg  
 Director  
 Division of Corporations and Commercial Code

FILED  
 2008 SEP -2 A 8:16  
 STATE OF UTAH  
 SALT LAKE COUNTY