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#### **COVER LETTER**

TO: **New Filing Section** Division of Corporations Bay Insurance Risk Retention Group 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," or "Certificate of Good Standing" 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: Daniel Williams Name of Person Aon Insurance Managers Firm/Company 76 Saint Paul Street, Suite 500 Burlington, Vermont 05401 City/State and Zip code mike.coulter@aon.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Williams Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: **New Filing Section New Filing Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, **■** \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status & Certificate of Status Certified Copy 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.

	Corp," "Inc," "Co," or "Corp.")	adopted for the purpose of transacting business in Florida)		
<sub>2.</sub> South (		46-5756046		
	atry under the law of which it is incorporated)	(FEI number, if applicable)		
4. June 10	6, 2014	perpetual		
	ite of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
<sub>6.</sub> none				
<del></del>		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, One Posto	on Road, Suite 155, Charleston		\  SMT\	zny.
,	(Principal office add		्र अस्तु । •	
One Post	on Road, Suite 155, Charleston	, South Carolina 29407	C	All res
	(Current mailing add	ress)	0	
8. Name and str	reet address of Florida registered agent: (P.G.	O. Box NOT acceptable)	AM 11: 24	4
Name:	Janette Wilcox	<u></u>	24	1
Office Address:	13901 Sutton Park Dr. S., Bldg	. C, Ste 360		75
		, Florida <u>32224</u>		

\$1.

9. 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.

(Registered agent's signature)

10. Attached is a certifical 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.

11. Nan	nes and business addresses of officers and/or directors:	
	ECTORS	
	Joseph J. Troy	
Address:	4041 Park Oaks Boulevard, Suite 200	
	Tampa, Florida 33610	
Vice Cha	irman:	
Address:		_
	Inha T Marina	
Director:	John T. Wilson	
Address:		<u>.</u>
	Tampa, Florida 33610	
Director:	Michael I Ceulten	
Address:	One Poston Road, Suite 155	د و.
	Charleston, South Carolina 29407	** **
B. OFF	63	
President	Joseph J. Troy	4
Address:	4041 Park Oaks Boulevard, Suite 200	
	Tampa, Florida 33610	
Vice Pres	sident:	
Address:		
	NAV AA: 1 JAA D. J.J.	
Secretary	W. Michael McDonald	
Address:		
Treasurer		_
Address:	4041 Park Oaks Boulevard, Suite 200, Tampa, Florida 33610	
NOTE:	If necessary, you hav attach an addendum to the application listing additional officers and/or directors.	
are true a a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitute egree felony as provided for in s.817.155, F.S. chael Coulter, Director	S

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BAY INSURANCE RISK RETENTION GROUP, INC.,

a corporation duly organized under the laws of the State of South Carolina on May 23rd, 2014, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of October, 2014.

Mark Hammond, Secretary of State