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(Address)

(Address)

(City/State/Zip/Phone #)

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15 FEB -9 PM 1:23  
STATE  
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**COVER LETTER**

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

**SUBJECT:** ICD Captive Re, Ltd., 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," 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:

Michael Camilleri

Name of Person

Matrix Consulting, LLC

Firm/Company

55 NE 5th Ave Suite 502

Address

Boca Raton, FL 33432

City/State and Zip code

mcamilleri@mic.bz

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

For further information concerning this matter, please call:

Michael Camilleri

Name of Person

at ( 561 ) 910-1056

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. ICD Captive Re, Ltd., 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. NEVIS

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 2/26/2014

(Date of incorporation)

5. Perpetual

(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. Hunters Water Front Jewel, Charleston, Nevis

(Principal office address)

Hunters Water Front Jewel, Charleston, Nevis

(Current mailing address)

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

Name: Michael Camilleri

Office Address: 55 NE 5th Avenue Suite 502

Boca Raton

(City)

, Florida 33432

(Zip code)

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.

[Handwritten signature]

(Registered agent's signature)

10. 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.

15 FEB -9 PM 4:23

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

**A. DIRECTORS**

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

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

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

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

Director: **Seth Cohen**

Address: **1002 East Newport Center Drive, Suite 200**

**Deerfield Beach, FL 33442**

Director: **Bradley Cohen**

Address: **1002 East Newport Center Drive, Suite 200**

**Deerfield Beach, FL 33442**

**B. OFFICERS**

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

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

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

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

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

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

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

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

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. **Seth Cohen - Director**

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

15 FEB -9 PM 11:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ISLAND OF NEVIS  
OFFICE OF THE REGISTRAR OF COMPANIES

*CERTIFICATE OF GOOD STANDING*

15 FEB -9 PM 4: 23  
AMERICAN STATE  
EMBASSY - FLORIDA

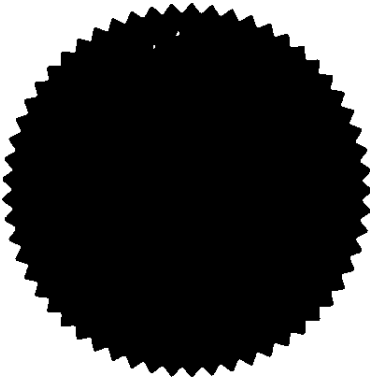
I HEREBY CERTIFY that

ICD Captive Re, Ltd.

Was duly incorporated and existence commenced under the provisions of the Nevis  
Business Corporation Ordinance 1984, as amended, on

*26th February, 2014*

I FURTHER CERTIFY that according to the records of this office the said corporation is  
in Good Standing and has a legal corporate existence as of the date below shown.



NO. C 43275

Given under my Hand & Seal at Charlestown  
This *03rd day of February, 2015*

  
\_\_\_\_\_  
Registrar of Companies