

Filing and License Fee: \$310.00 minimum

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Bonded Builders Insurance Services, Inc
2. It is incorporated under the laws of Florida
3. The name, if different, which it elects to use in Rhode Island is:

(a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

(b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*

4. The date of its incorporation is March 31, 2004 and the period of its duration is perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is 11101 Roosevelt Blvd N
St. Petersburg, FL 33716

6. The address of its proposed registered office in Rhode Island is 10 Weybossett Street
(Street Address, not P.O. Box)
Providence, RI 02903 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is CT Corporation System
(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Insurance Agency activities pursuant to authorized lines of authority.

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
Director	<u>David K. Meehan</u>	<u>11101 Roosevelt Blvd N St. Petersburg, FL 33716</u>
Director	<u>Edwin C. Hussemann</u>	<u>11101 Roosevelt Blvd N St. Petersburg, FL 33716</u>
Director	_____	_____
Director	_____	_____

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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	David K. Meehan	11101 Roosevelt Blvd N St. Petersburg, FL 33716
Vice President	Sharon M. Christensen	11101 Roosevelt Blvd N St. Petersburg, FL 33716
Treasurer	Edwin C. Hussemann	11101 Roosevelt Blvd N St. Petersburg, FL 33716
Secretary	Gregory L. Hoffman	11101 Roosevelt Blvd N St. Petersburg, FL 33716

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
1000	common	par	\$1.00

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 0 .
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0 .
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 2,000,000 .
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0 .
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 5/21/08

Sharon Christensen
Signature of Authorized Officer of the Corporation

Sharon Christensen, Vice-President +
Type or Print Name of Authorized Officer

State of Florida

Department of State

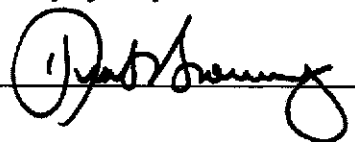
I certify from the records of this office that BONDED BUILDERS INSURANCE SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on March 31, 2004.

The document number of this corporation is P04000056896.

I further certify that said corporation has paid all fees due this office through December 31, 2008, that its most recent annual report was filed on February 26, 2008, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Sixteenth day of May, 2008*



Secretary of State



Authentication ID: 200129689522-051608-P04000056896

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>