



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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FOR  
 SECRETARY OF STATE  
 USE ONLY

**Certificate of Authority**  
**FOREIGN Corporation**

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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: CAPSICUM REINSURANCE BROKERS MIAMI INC.		
2. It is incorporated under the laws of: Delaware		
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: 04/26/2016		
And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 1000 Brickell Avenue, Suite 590 Miami, FL 33131		
6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

FORM 150 - Revised: 08/2018

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BY CW 307754

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
 Reinsurance Intermediary Services

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):

NAME	ADDRESS
Simon James Behagg	6 The Green Steventon Abingdon Oxfordshire UK OX136RP
Joseph David Smith	1000 Brickell Avenue Suite 590 Miami FL 33131

Check the box to indicate an attachment.

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	see attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment.

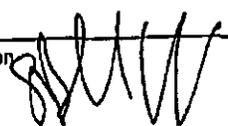
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100			\$0.01

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:  
 \$ 500,000

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:  
 \$ 0

(c) Estimate, as a percentage, 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. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.  
 0 %

<p>11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.</p> <p>\$ <u>5,000,000</u></p>	<p>(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.</p> <p>\$ <u>250,000</u></p>
<p>(c) Estimate, as a percentage, the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i></p> <p><u>5</u> %</p>	
<p>12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.</p>	
<p>13. Date when the Certificate of Authority will be effective: <b>CHECK ONLY ONE BOX</b></p>	
<p><input checked="" type="checkbox"/> Date received (Upon filing)</p> <p><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____</p>	
<p><i>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.</i></p>	
<p>Type or Print Name of Authorized Officer Simon James Behagg</p>	<p>Date July 3, 2017</p>
<p>Signature of Authorized Officer of the Corporation </p>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 150 - Revised: 08/2016

**Capsicum Reinsurance Brokers Miami Inc. (Supplement Response to "Officers")**

**Name:** Simon James Behagg  
**Title:** Secretary, Treasurer, Chief Operating Officer  
**Address:** 6 The Green, Steventon Abingdon, Oxfordshire OX136RP UK

**Name:** Joseph David Smith  
**Title:** President, Chief Executive Officer  
**Address:** 1000 Brickell Avenue Suite 590 Miami FL 33131

**Name:** Logan Marro  
**Title:** Vice President  
**Address:** 1763 Marlton Pike East #200 Cherry Hill NJ 08003

# Delaware

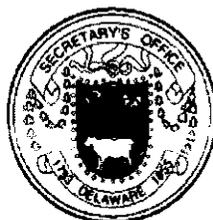
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPSICUM REINSURANCE BROKERS MIAMI INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20175064975

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202821059

Date: 07-03-17