



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

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 SECRETARY OF STATE  
 CORPORATION DIVISION  
 2019 APR 26 PM 12:16

**Application for Certificate of Authority**  
 FOREIGN Business 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: <b>Beacon Aviation Insurance Services, Inc.</b>		
2. It is incorporated under the laws of: <b>Florida</b>		
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: <b>4/18/2003</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>2201 Cantu Court, Ste. 200, Sarasota, FL 34232</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY RJB8B7

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

**Underwriting End Risk Management 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
(Please see attached)	

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	(Please 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
10,000-Authorize	Common		1.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. An estimate, 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. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, as a percentage, of 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. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of 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.*

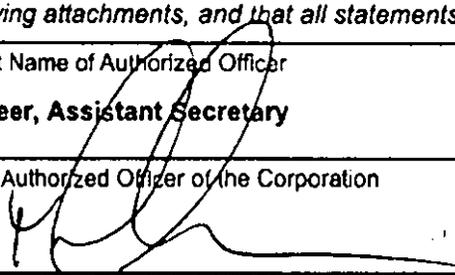
Type or Print Name of Authorized Officer

**Nathan Greer, Assistant Secretary**

Date

4/25/19

Signature of Authorized Officer of the Corporation



DOCL

Beacon Aviation Insurance Services, Inc.

Name	Role	Title	First Elected	Primary Business Address	Residential Address
Brian Seidless	Director	Director	01/07/2019	60 Broad Street, 30th Floor Suite 30-02, New York, NY 10004	353 West 53 <sup>rd</sup> Street 4W New York City NY 10019
Stuart Dov Hollander	Director	Director	01/07/2019	60 Broad Street, 30th Floor Suite 30-02, New York, NY 10004	11 Ash Street Monsey NY 10952
Timothy Robb	Director	Director	01/07/2019	60 Broad Street, 30th Floor Suite 30-02, New York, NY 10004	408 East 79th Street, Apt MB New York City NY 10075
Brian Seidless	Officer	Treasurer	01/07/2019	60 Broad Street, 30th Floor Suite 30-02, New York, NY 10004	353 West 53 <sup>rd</sup> Street 4W New York City NY 10019
Brian Seidless	Officer	Vice President	01/07/2019	60 Broad Street, 30th Floor Suite 30-02, New York, NY 10004	353 West 53 <sup>rd</sup> Street 4W New York City NY 10019
Jeremy Pinckney	Officer	Assistant Treasurer	01/07/2019	2200 Highway 121, Suite 100, Bedford, TX 76021	1777 N. Record St, Apt 5305 Dallas TX 75202
John B. Cunningham	Officer	President	11/21/2018	2201 Cantu Court, Suite 200, Sarasota, FL 34232	5119 Redbriar Court Sarasota FL 34238
Malika Mene	Officer	Assistant Secretary	01/07/2019	60 Broad Street, 30th Floor - Suite 30-02, New York, NY 10004	107 Saint Felix Street, 1st FL Brooklyn NY 11217
Nathan Greer	Officer	Assistant Secretary	01/07/2019	2200 Highway 121, Suite 100, Bedford, TX 76021	2301 Glade Road Colleyville TX 76034
Raymond M. Neff	Officer	Chairman	01/07/2019	2201 Cantu Court, Suite 200, Sarasota, FL 34232	700 John Ringling Blvd, Apt E308 Sarasota FL 34236
Raymond M. Neff	Officer	Chief Executive Officer	11/21/2018	2201 Cantu Court, Suite 200, Sarasota, FL 34232	700 John Ringling Blvd, Apt E308 Sarasota FL 34236
Robert McManus	Officer	Chief Operating Officer	11/21/2018	2201 Cantu Court, Suite 200, Sarasota, FL 342332	1771 Ringling Blvd, Unit 1109 Sarasota FL 34236
Ignacio Jaimes	Officer	Assistant Treasurer	4/15/2019	2200 Highway 121, Suite 100, Bedford, TX 76021	1104 Oakhollow Drive Corinth TX 76210
Stuart Dov Hollander	Officer	Executive Vice President	01/07/2019	60 Broad Street, 30th Floor Suite 30-02, New York, NY 10004	11 Ash Street Monsey NY 10952
Timothy Robb	Officer	Secretary	01/07/2019	60 Broad Street, 30th Floor- Suite 30-02, New York, NY 10004	408 East 79th Street, Apt MB New York City NY 10075
Timothy Robb	Officer	Vice President	01/07/2019	60 Broad Street, 30th Floor- Suite 30-02, New York, NY 10004	408 East 79th Street, Apt MB New York City NY 10075

# *State of Florida*

## *Department of State*

I certify from the records of this office that BEACON AVIATION INSURANCE SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on April 18, 2003.

The document number of this corporation is P03000044545.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on January 8, 2018, and that 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 the State of Florida  
at Tallahassee, the Capital, this  
the Fourth day of April, 2019*



*Randy R. Lee*  
Secretary of State

2019 APR 26 PM 12:16

SECRETARY OF STATE  
CORPORATIONS DIV

Tracking Number: 8289005082CU

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

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 26, 2019 12:16 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

