

F06000003924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

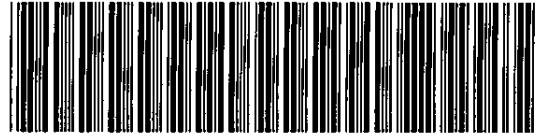
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600074670086

05/19/06--01019--001 **78.75

06 JUN -2 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Triad Insurance Management & Services Agency, 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," 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:

Rhonda Reese
(Name of Person)

Kennedy Licensing Service, Inc.
(Firm/Company)

2501 Thomas Avenue
(Address)

Dallas, TX 75201
(City/State and Zip code)

For further information concerning this matter, please call:

Rhonda Reese at (214) 855-0737
(Name of Person) (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. Triad Insurance Management & Services Agency, Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-3060386
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-13-2000 5. Perpetual
(Date of incorporation) (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. 116 John Robert Thomas Dr., Suite A
(Principal office address)
Exton, PA 19341
(Current mailing address)

8. Nonresident insurance agency sales and service
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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


Name: John D. Hatch, Esq.

Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs Florida 34688
(City) (Zip code)

10. **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)

11. 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.

06 JUN -2 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

FILED

06 JUN -2 PM 3:44

A. DIRECTORS

Chairman: See attached list

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LIST

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.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Bradley A. Stubbendieck, Vice President

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

Triad Insurance Management & Services Agency, Inc.

Stockholders, Officers & Directors

FILED

06 JUN -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Joseph Stazzone
50% Stockholder, President & Director
244 Laternback Island Drive
Satellite Beach, FL 32937

Bus. Add.: 99 N. Atlantic Ave., Cocoa Beach, FL 32931

Robert W. Williams
50% Stockholder, Secy/Treas. & Director
66 N. Atlantic Ave. #106
Cocoa Beach, FL 32931

Bus. Add.: 99 Atlantic Ave., Cocoa Beach, FL 32931

Bradley A. Stubbendieck
Vice President
614 Beaumont Circle
West Chester, PA 19380

Bus. Add.: 116 John Robert Thomas Drive, Suite A, Exton, PA 19341

MAY 03 2006

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 3, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

FILED
06 JUN -2 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I DO HEREBY CERTIFY THAT,

TRIAD INSURANCE MANAGEMENT & SERVICES AGENCY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortis

Secretary of the Commonwealth