

F07000000267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

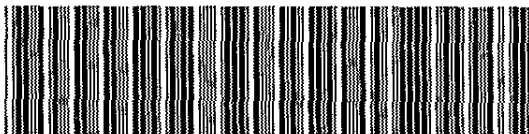
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900083754059

RECEIVED
07 JAN 16 AM 10:46
STATE REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

FILED
07 JAN 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/17/16



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 704745 7329165
AUTHORIZATION : *Heather Chapman*
COST LIMIT : \$ 70.00

ORDER DATE : January 9, 2007
ORDER TIME : 9:57 AM
ORDER NO. : 704745-005
CUSTOMER NO: 7329165

FOREIGN FILINGS

NAME: WELLS FARGO INSURANCE AGENCY
OF MICHIGAN, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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.

FILED 07 JAN 16 PM 3:24 SECRETARY OF STATE TALLAHASSEE FLORIDA

1. Wells Fargo Insurance Agency of Michigan, 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. Michigan 3. 38-1986718 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-11-1972 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. 3000 Town Center, Suite 1900 Southfield, MI 48075 (Principal office address)

3000 Town Center, Suite 1900 Southfield, MI 48075 (Current mailing address)

8. insurance agency (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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (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.

By: Heather Chapman (Registered agent's signature) Heather Chapman as its agent

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert M. Greco

Address: 150 N. Michigan Avenue Suite 4100
Chicago, IL 60601

Director: Deborah M. Broderick

Address: 150 N. Michigan Avenue, Suite 4100
Chicago, IL 60601

B. OFFICERS

President: Kristine Rickert

Address: 3000 Town Center, Suite 1900 Southfield, MI 48075

Vice President: Deborah M. Broderick

Address: 150 N. Michigan Avenue, Suite 4100, Chgo, IL

Secretary: Robert M. Greco

Address: 150 N. Michigan Avenue, Suite 4100, Chgo, IL

Treasurer: Christine M. Ostermeier

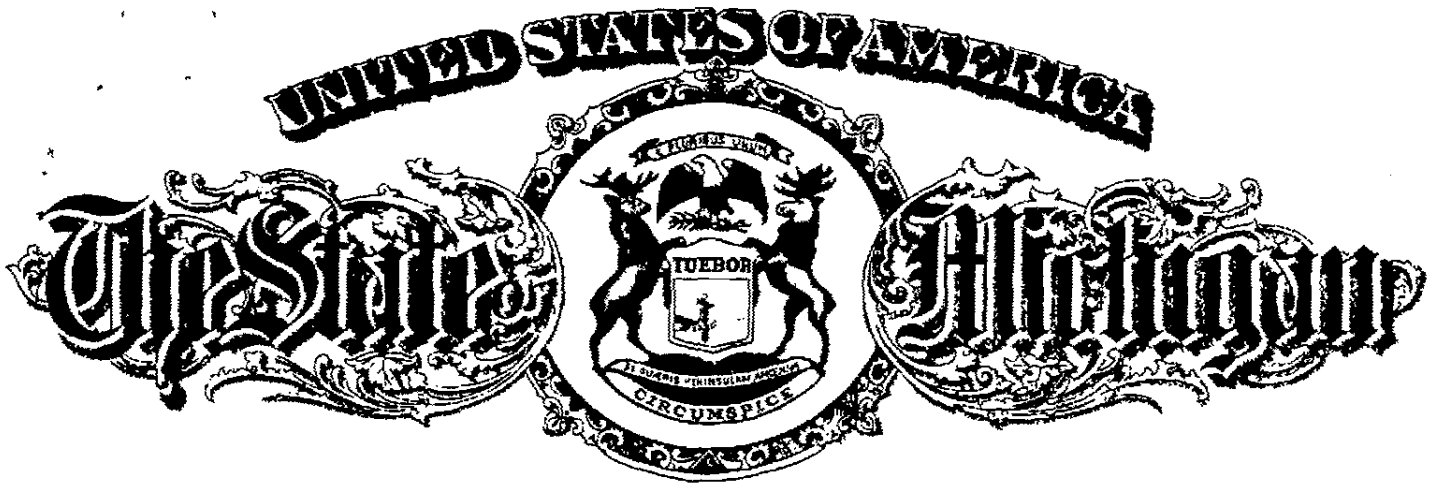
Address: 150 N. Michigan Avenue, Suite 4100, Chgo, IL

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

13. Robert M. Greco
(Signature of Director or Officer listed in number 12 of the application)

14. Robert M. Greco, Secretary
(Typed or printed name and capacity of person signing application)

FILED
01 JUN 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

WELLS FARGO INSURANCE AGENCY OF MICHIGAN, INC.

a Michigan profit corporation was validly incorporated on July 11, 1972, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
07 JAN 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of January, 2007.

Andrew S. Mitchell, Director