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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

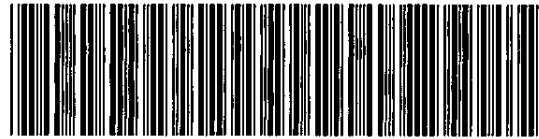
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W08-8716

B. McKnight FEB 26 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Heartland Crop Insurance, 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:

Jim Eastburn
(Name of Person)
Heartland Crop Insurance, Inc.
(Firm/Company)
120 SE 6th Ave, Ste 2-210, P.O. Box 330
(Address)
Topeka, KS 66601-0330
(City/State and Zip code)

For further information concerning this matter, please call:

Ronda Miller at (785) 235-5566
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2008

JIM EASTBURN
PO BOX 330
TOPEKA, KS 66601-0330

SUBJECT: HEARTLAND CROP INSURANCE, INC.
Ref. Number: W08000008716

We have received your document for HEARTLAND CROP INSURANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 008A00010483

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. Heartland Crop Insurance, 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. Kansas 3. 48-1227624
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 02-29-00 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Currently have no Florida business
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 SE 6th Ave, Ste 2-210, Topeka, KS 66603
(Principal office address)

P.O. Box 330, Topeka, KS 66601-0330
(Current mailing address)

8. Sales and service of crop insurance through registered agents.
(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

[Handwritten signature of Char McAdow]

(Registered agent's signature) Char McAdow, Asst. Secretary

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: The corporation has no directors: All business is conducted by the officers.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Michael A Miller

Address: 120 SE 6th Ave, Ste 2-210, P.O. Box 330

Topeka, KS 66601-0330

Vice President: Travis R Gellatly

Address: 120 SE 6th Ave, Ste 2-210, P.O. Box 330

Topeka, KS 66601-0330

Secretary: Ronda L Miller

Address: 120 SE 6th Ave, Ste 2-210, P.O. Box 330, Topeka, KS 66601-0330

Treasurer: Paul Wade Shuler

Address: 120 SE 6th Ave, Ste 2-210, P.O. Box 330, Topeka, KS 66601-0330

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

13. Ronda L. Miller
(Signature of Director or Officer listed in number 12 of the application)

14. Ronda L Miller, Secretary
(Typed or printed name and capacity of person signing application)

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: HEARTLAND CROP INSURANCE, INC.

Structure: KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 2848315

Was filed in this office on February 29, 2000 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 22 of February, 2008.

Ron Thornburgh

RON THORNBURGH
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

Certificate ID: 144195 - To verify the validity of this certificate please visit <https://www.accesskansas.org/businessentity/validate.html> and enter the certificate ID number.