

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Brokers Insurance Services, Ltd. Co.

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," or "Certificate of Good Standing" 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:

Denise M. Stubel

Name of Person

Salvo, Rogers & Elinski

Firm/Company

510 Township Line Road, Suite 150

Address

Blue Bell, Pennsylvania 19422

City/State and Zip code

dstubel@salvorogers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise M. Stubel at (215) 653-0110

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

LAW OFFICES
SALVO ROGERS & ELINSKI
510 TOWNSHIP LINE ROAD
SUITE 150
BLUE BELL, PENNSYLVANIA 19422
TELEPHONE 215-653-0110
FACSIMILE 215-653-0383

March 7, 2013

Via UPS

Florida Division of Corporations
New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

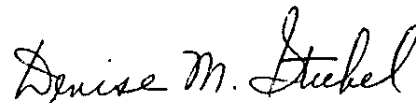
Re: **Brokers Insurance Services, Ltd. Co.**
-Application by Foreign Corporation for Authorization to
Transact Business in Florida

Ladies and Gentlemen:

I enclose for filing with your office one original and one copy of an Application by Foreign Corporation for Authorization to Transact Business in Florida for the Pennsylvania corporation, Brokers Insurance Services, Ltd. Also I enclose a check for \$87.50 made payable to the Florida Division of Corporations and a certificate of good standing dated March 7, 2013 from the Pennsylvania Department of State.

Please return the filed document to me at your earliest convenience. Should you have any questions regarding the enclosed, please feel free to contact me at 215/ 653-0110, ext. 25. Thank you.

Very truly yours,



Denise M. Stubel
Paralegal

enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2013

DENISE M. STUBEL
510 TOWNSHIP LINE RD SUITE 150
VLUE BELL, PA 19422

SUBJECT: BROKERS INSURANCE SERVICES, LTD. CO.
Ref. Number: W13000014227

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 20 PM 4:04

RECEIVED

We have received your document for BROKERS INSURANCE SERVICES, LTD. CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 613A00005772

3-18-2013

RE-SUBMITTING.

Denise M. Stubel

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Brokers Insurance Services, Ltd. Corp.
(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. Pennsylvania 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 17, 1976 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Bala Plaza, Suite 525, Bala Cynwyd, Pennsylvania 19004
(Principal office address)

2 Bala Plaza, Suite 525, Bala Cynwyd, Pennsylvania 19004
(Current mailing address)

8. general insurance brokerage services
(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)

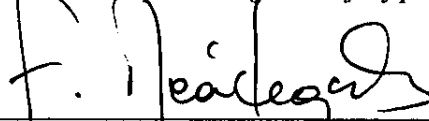
Name: Fernando Reategui

Office Address: 1441 Brickell Avenue, Suite 1400; The Four Seasons Office Tower

Miami, Florida 33131
(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.

SECRETARY OF STATE
TALLAHASSEE FLORIDA
13 MAR 20 AM 7:56
FILED

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

A. DIRECTORS

Chairman: Michael Blank
Address: 2 Bala Plaza, Suite 525
Bala Cynwyd, PA 19004

Vice Chairman: Connie Blank
Address: 2 Bala Plaza, Suite 525
Bala Cynwyd, PA 19004

Director: Susan Kaarby
Address: 2 Bala Plaza, Suite 525
Bala Cynwyd, PA 19004

Director: _____
Address: _____

B. OFFICERS

President: Michael Blank
Address: 2 Bala Plaza, Suite 525
Bala Cynwyd, PA 19004

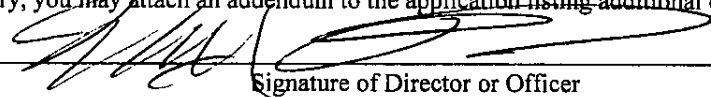
Vice President: Connie Blank
Address: 2 Bala Plaza, Suite 525
Bala Cynwyd, PA 19004

Secretary: Connie Blank
Address: 2 Bala Plaza, Suite 525, Bala Cynwyd, PA 19004

Treasurer: Susan Kaarby
Address: 2 Bala Plaza, Suite 525, Bala Cynwyd, PA 19004

FILED
13 MAR 20 AM 7:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael Blank, President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

MARCH 7, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BROKERS INSURANCE SERVICES, LTD.

is duly incorporated as a Pennsylvania Corporation 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.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
13 MAR 20 AM 7:56
SECRETARY OF STATE
HALLMARKSSEE FLORIDA



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.

Carol Aichele

Secretary of the Commonwealth

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

MARCH 7, 2013

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FILED
13 MAR 20 AM 7:56
SECRETARY OF STATE
HALLAMISEE FLOORIDA



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.

Handwritten signature of Carol A. Aichele in cursive.

Secretary of the Commonwealth

Certification Number: 10909998-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>