F14000002815

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

2553-



800261323428

06/17/14--01008--002 **70.00

SECRETARY OF STATE

7/1/14

COVER LETTER

FO: New Filing Section	
Division of Corporations	
SUBJECT: InsureZone.com of Texas, 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," 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:	
Elizabeth Pergande	
Name of Person	
InsureZone.com of Texas, Inc.	
Firm/Company	
1612 Summit Ave, Suite 100	
Address	
Fort Worth, Texas 76102	
City/State and Zip code	
lpergande@insurezone.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elizabeth Pergande at (817) 704-2212	
Name of Person Area Code & Daytime Telephone Number	
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MATLING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	TILED 17
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	&



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2014

ELIZABETH PERGANDE 1612 SUMMIT AVENUE SUITE 100 FORT WORTH, TX 76102

SUBJECT: INSUREZONE.COM OF TEXAS, INC

Ref. Number: W14000038086

We have received your document for INSUREZONE.COM OF TEXAS, 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):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 314A00013266

M JUN 30 PN 2: 17
SEGMETARY OF STATE
TALL SUSSESSES, FLORIDA

Ø

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.

_	ble in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)
Texas		3. <u>36-4290690</u>
May 3, 19	ander the law of which it is incorporated)	(FEI number, if applicable) 5 perpetual
	of incorporation)	5. Del petual (Duration: Year corp. will cease to exist or "perpetual")
		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
1612 Sum	mit Ave Suite 100, Fort	• • • • • • • • • • • • • • • • • • • •
*	(Principal office a	· · · · · · · · · · · · · · · · · · ·
1612 Sum	mit Ave Suite 100, Fort W	/orth, Texas 76102
	e Insurance Broker	
(Purpose(s)		P.O. Box NOT acceptable)
(Purpose(s)	of corporation authorized in home state or taddress of Florida registered agent: (CT CORPORATION	P.O. Box NOT acceptable) SYSTEM
(Purpose(s) Name and stree	of corporation authorized in home state or taddress of Florida registered agent: (P.O. Box NOT acceptable) SUSTEM AND RD
(Purpose(s) Name and stree Name:	of corporation authorized in home state or taddress of Florida registered agent: (CT CORPORATION	P.O. Box NOT acceptable) SUSTEM AND RD 33324
(Purpose(s) Name and stree Name:	of corporation authorized in home state of taddress of Florida registered agent: (CT CORPORATION 1200 SOUTH PINE ISC	P.O. Box NOT acceptable) SUSTEM AND RD Florida 33324 (Zin code)
(Purpose(s) Name and stree Name:	of corporation authorized in home state of taddress of Florida registered agent: (CT CORPORATION 1200 SOUTH PINE ISC Plantation (City)	P.O. Box NOT acceptable) SUSTEM AND RD Florida 33324 (Zip code)
(Purpose(s) Name and stree Name: Office Address: Office Addres	of corporation authorized in home state of taddress of Florida registered agent: (CT CORPORATION i200 SOUTH PINE ISC Plantation (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoint	P.O. Box NOT acceptable) SUSTEM AND RD Florida 33324 (Zip code) ervice of process for the above stated corporation at the intment as registered agent and agree to act in this capes relative to the proper and complete performance of
(Purpose(s) Name and stree Name: ffice Address: O. Registered aguaring been namesignated in this arther agree to contact the	of corporation authorized in home state of taddress of Florida registered agent: (CT CORPORATION i200 SOUTH PINE ISC Plantation (City) gent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointment of all statutes.	P.O. Box NOT acceptable) SUSTEM AND RD Florida 33324 (Zip code) ervice of process for the above stated corporation at the intment as registered agent and agree to act in this capes relative to the proper and complete performance of as of my position as registered 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: FILED A. DIRECTORS 14 JUN 30 PH 2: 17 Chairman: ___ SEGRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: _____ Address: Director: **B. OFFICERS** President: Ed Gillman Address: 1612 Summit Ave, Suite 100 Fort Worth, Texas 76102 Vice President: Jeannie Lewis Address: 1612 Summit Ave, Suite 100 Fort Worth, Texas 76102 Secretary: __ Address: Treasurer: **NOTE:** If necessary you may attach an addendum to the application listing additional officers and/or directors. 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. John Pergande CEO

Florida Department of State Division of Corporations

Foreign Profit Corporation Registration

Additional Officer Addendum

12. B.

John Pergande, CEO

1612 Summit Ave, Suite 100

Fort Worth, Texas 76102

14 JUN 30 PK 2: ECRETARY OF STA



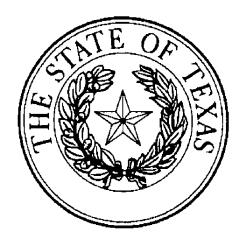
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for INSUREZONE.COM OF TEXAS, INC. (file number 153437900), a Domestic For-Profit Corporation, was filed in this office on May 03, 1999.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 27, 2014.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Nandita Berry Secretary of State Sta

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 546425100003