FIL000004486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

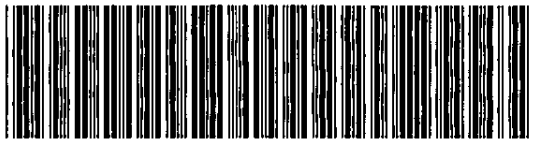
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-052167

Office Use Only



800290361288

09/20/16--01025--003 **70.00

FILED
2016 OCT -5 P 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 06 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

ALBERTO N CORONADO
8581 NW SOUTH RIVER DR STE 8491
MEDLEY, FL 33166

SUBJECT: TRUCKERS CHOICE INSURANCE AGENCY, INC.
Ref. Number: W16000065267

We have received your document for TRUCKERS CHOICE INSURANCE AGENCY, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00020297

FILED
2016 SEP 25 P 2:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUCKERS CHOICE INSURANCE AGECNCY, 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:

ALBERTO N CORONADO
Name of Person

TRUCKERS CHOICE INSURANCE AGENCY, INC.
Firm/Company

8491 NW SOUTH RIVER DR
Address

MEDLEY, FL 33166
City/State and Zip code

NATHAN@TRUCKERSCHOICE.ORG
E-mail address: (to be used for future annual report notification)

FILED
2016 OCT -5 P 2:12
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALBERTO N CORONADO at (201) 344-6623
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount: See letter number 516A00020297.

☐ $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. TRUCKERS CHOICE INSURANCE AGENCY, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

TRUCKERS INSURANCE AND PERMITS, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY
(State or country under the law of which it is incorporated)

3. 20-3372052
(FEI number, if applicable)

4. 08/25/2005
(Date of incorporation)

5. PERPETUAL
(Date of duration, if other than perpetual)

6. 09/21/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8491 NW SOUTH RIVER DR, MEDLEY, FL 33166
(Principal office address)

(Current mailing address, if different)

FILED
2016 OCT -5 P 2:12
TALLAHASSEE, FLORIDA

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

Name: ALBERTO N CORONADO

Office Address: 8491 NW SOUTH RIVER DR

MEDLEY (City), Florida 33166 (Zip code)

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: ALBERTO N CORONADO

Address: 8491 NW SOUTH RIVER DR
MEDLEY, FL 33166

Vice Chairman: _____

Address: _____

Director: ALBERTO N CORONADO

Address: 8491 NW SOUTH RIVER DR
MEDLEY, FL 33166

Director: _____

Address: _____

B. OFFICERS

President: ALBERTO N CORONADO

Address: 8491 NW SOUTH RIVER DR
MEDLEY, FL 33166

Vice President: _____

Address: _____

Secretary: ALBERTO N CORONADO

Address: 8491 NW SOUTH RIVER DR, MEDLEY, FL 33166

Treasurer: ALBERTO N CORONADO

Address: 8491 NW SOUTH RIVER DR, MEDLEY, FL 33166

FILED
2016 OCT -5 P 2:12
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Alberto N. Coronado
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

TRUCKERS CHOICE INSURANCE AGENCY, INC.
0100950796

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 25, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

TRUCKERS PERMITTING SERVICES
376 DUNCAN AVE
JERSEY CITY, NJ 07306

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of September, 2016

Ford M. Scudder
State Treasurer

Certificate Number : 6074605551

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp