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5.

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Cap Pro Insurance Agency Services, 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:

Michael D. Burns - Vice President, Compliance  
(Name of Person)

Cap Pro Insurance Agency Services, Inc.  
(Firm/Company)

220 South Sixth Street, Suite 245  
(Address)

Minneapolis MN 55402-4505  
(City/State/Zip)

SECRET  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 26 PM 10:29

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Should you need to call someone concerning this matter, please call:

3000003269373--8

-05/26/00-01117-007

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Michael D. Burns at ( 612 ) 376-4619  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

**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. Cap Pro Insurance Agency Services, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 41-1953232  
(FEI number, if applicable)
4. 9/30/99  
(Date of incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 220 South 6th Street, Suite 245, Minneapolis, MN 55402  
(Principal office address)
- b. 220 South 6th Street, Suite 245, Minneapolis, MN 55402  
(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 or Mail Drop Box **NOT** acceptable)  
Name: CT Corporation System  
c/o CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

Michele R. Justesen, Asst. Secy.  
(Registered agent's signature)  
Michele R. Justesen, Assistant 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.

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

A. DIRECTORS SEE ATTACHED

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS SEE ATTACHED

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

13. D. D. Wright  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Douglas D. Wright, President  
(Typed or printed name and capacity of person signing application)

Cap Pro Insurance Agency Services, Inc.  
Officers and Directors

**PRESIDENT**

Douglas D. Wright  
1944 Penn Ave. South - Unit 1  
Minneapolis, MN 55405

MN License

**DIRECTORS**

Carl Ray George  
711 Highview Rd.  
East Peoria, IL 61611

Howard Joseph Kies  
12919 Fox Meadow Dr,  
Richmond VA 23233

Neil J. O'Connor  
5495 Foley Rd.  
Cincinnati, OH 45202

Frank Peter Orlando  
93 Country Club Rd.  
Sugar Loaf, PA 18249

Eric A. Simonsen  
6 Apple Tree Lane  
Barringtonm, RI 03806

Gordon Arnold Viere  
4555 Pioneer Trail  
Medina, MN 55340

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TALLAHASSEE, FLORIDA

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAP PRO INSURANCE AGENCY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
00 MAY 26 PM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0425791

DATE:

05-09-00