

# F00000004149

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

JUN 1

SUBJECT: GOTWALS ASSOCIATES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00624-00647-00720-00671  
00855

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:

Nicole Ewing  
Anthony Burton

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, Ste. 550

(Address)

Little Rock, AR 72207-5271

(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 21 AM 9:55

W-16506

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-06/23/01-01080-007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

Nicole Ewing  
Anthony Burton

(Name of Person)

at ( 501 ) 664-8044

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien 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  
Katherine Harris  
Secretary of State

June 28, 2000

RECEIVED

JUL 05 2000

CLB, INC.

~~ANTHONY BURTON~~ Nicole Ewing  
CENTRAL LICENSING BUREAU  
1501 N. UNIVERSITY, STE. 550  
LITTLE ROCK, AR 72207-5271

SUBJECT: GOTWALS ASSOCIATES, INC.  
Ref. Number: W00000016566

We have received your document for GOTWALS ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The document must have original signatures.

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.

A photocopy of the certificate of existence 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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 600A00036648

**\*\*Attached please find the "Original Forms and Signatures" requested above. If you require any further information, please do not hesitate to call me at 501/664-8044. Thank you for your assistance with this filing.**

Sincerely, Nicole Ewing

**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. GOTWALS ASSOCIATES, 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. Pennsylvania 3. 23-3011358  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 9, 1999 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P. O. Box 56  
Oley, PA 19547  
(Current mailing address)

8. The business of insurance functioning as an 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: C T 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.*

\*\*\* Please See Attached \*\*\*

\_\_\_\_\_  
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

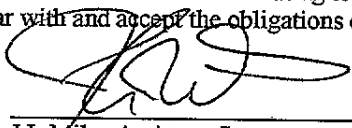
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DIVISION OF CORPORATIONS  
00 JUL 21 AM 9:55

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned corporation authorized under the laws of the state of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: GOTWALS ASSOCIATES, INC.
2. The name and address of the registered agent and office is C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
J L Miles Assistant Secretary

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_ \*\*\* Please See Attached \*\*\*

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

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: \_\_\_\_\_ \*\*\* Please See Attached \*\*\*

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

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

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

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

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

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

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

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

13. Bradley H. Gotwals VP  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bradley H. Gotwals - Vice President/Director  
(Typed or printed name and capacity of person signing application)

**GOTWALS ASSOCIATES, INC.**  
**Officers & Directors Listing**

**Business Address for all Officers & Directors**

12 Gotwals Lane - P. O. Box 56  
Oley, PA 19547

Robert S. Gotwals - President/Director  
Box 176, 831 Rising Sun Rd.  
Souderton, PA 18964  
SSN: 186-24-3761  
D/O/B 7/12/1929  
Stockholder and Percentage of Ownership: 2.60%

William S. Gotwals - Vice President/Treasurer/Director  
343 Harleysville Pike  
Souderton, PA 18964  
SSN: 169-29-9699  
D/O/B 5/23/1932  
Stockholder and Percentage of Ownership: 5.00%

R. Brent Gotwals - Vice President/Director  
827 Rising Sun Rd.  
Telford, PA 18969  
SSN: 184-44-4049  
D/O/B 12/20/1954  
Stockholder and Percentage of Ownership: 15.80%

Bradley B. Gotwals - Vice President/Director  
701 Oley Line Rd.  
Douglasville, PA 19518  
SSN: 205-44-3578  
D/O/B 10/12/1958  
Stockholder and Percentage of Ownership: 22.50%

Dennis R. Rittenhouse - Vice President/CFO/Secretary/Director  
6 Fairway Dr.  
Denver, PA 19518  
SSN: 194-38-2643  
D/O/B 4/8/1954

Steven M. Rayer - Vice President/COO/Director  
54 Center Square Rd.  
Leola, PA 17540  
SSN: 196-44-1128  
D/O/B 9/25/1953

Joan Gotwals Yoder - Asst. Secretary/Asst. Treasurer/Director  
77 Magnolia Dr.  
Leola, PA 17540  
SSN: 166-54-5755  
D/O/B 1/20/1962  
Stockholder and Percentage of Ownership: 22.50%

**Other Stockholders and Percentage of Ownership:**

Christopher K. Gotwals: 15.80%  
341 Lenape Rd., Bechtelsville, PA 19505  
SSN: 169-60-7860

Susan M. Gotwals: 15.80%  
110 Pepperbush Dr.  
Bellefontaine, OH 43311  
SSN: 195-44-5154

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

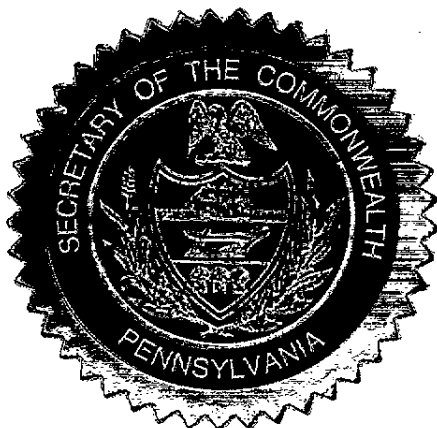
JUNE 12, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GOTWALS ASSOCIATES, INC.

is duly incorporated 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.



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.

*Kim Duggan*

Secretary of the Commonwealth

JSOW