

FO1000000963

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Indemnity Insurance Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

300003708333--1  
-02/16/01--01143--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Frank N. Dardeno, Jr., Esquire  
(Name of Person)

Law Offices of Frank N. Dardeno  
(Firm/Company)

424 Broadway  
(Address)

Somerville, Massachusetts 02145  
(City/State and Zip code)

For further information concerning this matter, please call:

Frank N. Dardeno, Jr. at ( 617 ) 666-2600  
(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

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TALLAHASSEE, FLORIDA

mt  
2/19

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. First Indemnity Insurance 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. Massachusetts 3. 04-3480902  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 4, 1999 5. Perpetual  
(Date of incorporation) (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. 339 Northern Avenue, Seaport District, Boston, MA 02210  
(Principal office address)  
same as above  
(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: Timothy Gordon Diehl  
Westshore Center  
Office Address: 2202 North West Shore Boulevard, Suite 200  
Tampa, Florida 33607  
(City) (Zip code)

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**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.*

Timothy Gordon Diehl  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Sole Director

~~Chairman~~ John M. Biggio

Address: 126 Main Street  
Winthrop, MA 02152

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: John Biggio

Address: 126 Main Street  
Winthrop, MA 02152

Vice President:

Address:

Clerk

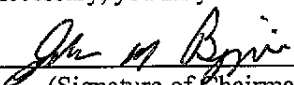
~~Secretary~~ John M. Biggio

Address: 126 Main Street, Winthrop, MA 02152

Treasurer: John M. Biggio

Address: 126 Main Street, Winthrop, MA 02152

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

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

14. John M Biggio President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE



# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

January 26, 2001

TO WHOM IT MAY CONCERN:

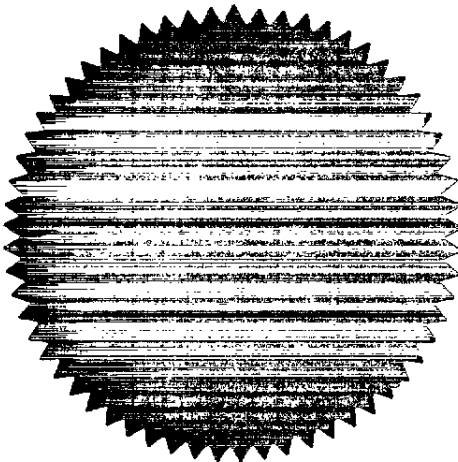
I hereby certify that

**FIRST INDEMNITY INSURANCE SERVICES, INC.**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on August 4, 1999.

I also certify that so far as appears of record here, said corporation still has legal existence.

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TALLAHASSEE, FLORIDA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth