

F010000066495

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continental Capital Insurance 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:

Marcille Wheeler

(Name of Person)

Continental Capital Insurance Services, Inc

(Firm/Company)

102 N. Main Street

(Address)

Bryan, OH 43506

(City/State and Zip code)

For further information concerning this matter, please call:

Marcille Wheeler

(Name of Person)

at (419) 636-1141

(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

500004732773--7
-12/19/01--01041--025
*****78.75 *****78.75

500004732425--0
-12/18/01--01059--025
*****78.75 *****78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Continental Capital 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. Ohio 3. 34-1805256
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/28/1995 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. 102 N. Main Street, Bryan, OH 43506
(Principal office address)
P.O. Box 567, Bryan, OH 43506
(Current mailing address)

8. Sales and Service of Insurance Products
(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
(City) (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.

Charlotte Denise Cruz

(Registered agent's signature) Charlotte Denise Cruz, Asst. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: William C. Davis

Address: 5580 Monroe Street
Sylvania, OH 43560

Vice Chairman: _____

Address: _____

Director: William L. Faulkner

Address: 5580 Monroe Street
Sylvania, OH 43560

Director: _____

Address: _____

B. OFFICERS

President: Robert M. Gioia

Address: 102 N. Main Street
Bryan, OH 43506

Vice President: John W. Cameron

Address: 102 N. Main Street
Bryan, OH 43506

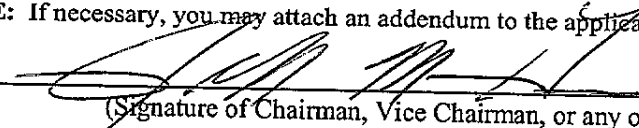
Secretary: / Treasurer: Thomas D. Losby

Address: 102 N. Main Street, Bryan, OH 43506

Treasurer: _____

Address: _____

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. Robert M. Gioia President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

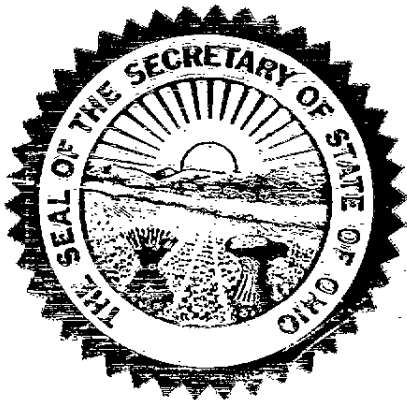
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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CONTINENTAL CAPITAL INSURANCE SERVICES, INC., an Ohio Corporation, Charter No. 909208, having its principal location in Archbold, County of Fulton, was incorporated on June 28th, 1995 and is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal

at Columbus, Ohio on

November 26, 2001



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE