## F0200000 4013

TO: Registration Sec Division of Cor			
SUBJECT:	Insurix.	Inc. ation - must include suffix)	-
	(Name of corpora	ation - must include suffix)	
Dear Sir or Madam:		::UI	<b>DOIGS134691</b> -08/06/0201035001 ******70.00 ******70.00
	e", and check are submitted t	for Authorization to Transact l to register the above reference	
Please return all corresp	ondence concerning this ma	tter to the following:	
		cKM. Downend	
	(Name	of Person)	
	Insuri	X, Inc.	- 
	(Firm/	Company)	
	314 Far	mington Avenue	_
	(Ad	ddress)	
	Facmi	neton CI orac	33
	(City/Stat	ngton, CT orac te (and Zip code)	250
•	, <u>-</u>	• • ,	•
For further information	concerning this matter, pleas	se call:	
Patrick M.	Downed at (86)	0 ) 676-2720	
(Name of Perso	n) (Are	ea Code & Daytime Telephone	Number) 5
STREET ADDRESS:		MAILING ADDRESS:	AUG -
Registration Section		Registration Section	
Division of Corporations 409 E. Gaines St.		Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399		Tallahassee, FL 32314	
Enclosed is a check for t	he following amount:	·	32
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	1 \$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 SÜBMITTED TO REGISTER A FOREIGN CORPORATION TO TRÂNSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Insurix, 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.	Connecticut  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
	5. Porpo-tval (Date of incorporation)  [Duration: Year corp. will cease to exist or "perpetual")
	(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.	314 Farmington Avenue (Principal office address)
	Farmington, CT 560.32 (Current mailing address)
8.	Software Sales and Services (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: Michael Schooley
0.	ffice Address: 11107 S.W. 138th Place
	Miani , Florida 33186 (City) (Zip code)
H	Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place

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)

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	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	-
Director:	
Address:	
B. OFFICERS	
President: Patrick M. Downerd	No. 1.
Address: 314 Farmington Ave	
Farmington CT 06032	
Vice President: Aaron W. Downend	100 d
Address: 314 Farmington Ave.	
Farmington CT 06032	
Secretary:	<u> </u>
Address:	100000000000000000000000000000000000000
Treasurer:	
Address:	
NOTE: IS	
NOTE: If necessary, you may attach an addendum to the application list	ting additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer li	isted in number 12 of the application)
14. Patrick Downerd President	
(Typed or printed name and capacity of person s	igning application)

61-66 Rev. 3/94

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

INSURIX, INC.

incorporated under the laws of Connecticut is in existence. The organization and first annual report has not been filed as of the date shown below.

Sum Bymensey

Secretary of the State

Date Issued: June 3, 2002

