

F030000001560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

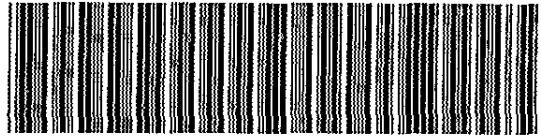
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/03--01049--008 **78.75

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-4650
J. BRYAN FEB 18 2003

J. BRYAN MAR 31 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corporate Insurance Solutions, 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:

Renee Johnson
(Name of Person)
Corporate Insurance Solutions, Inc.
(Firm/Company)
P.O. Box 465
(Address)
Richmond, IL 60071-0465
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Renee Johnson at (239) 283-3040
(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



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 18, 2003

RENEE JOHNSON
CORPORATE INSURANCE SOLUTIONS, INC.
PO BOX 465
RICHMOND, IL 60017-0465

SUBJECT: CORPORATE INSURANCE SOLUTIONS, INC.
Ref. Number: W03000004650

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CORPORATE INSURANCE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 203A00010575

Submitted

See attached.

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Renee Johnson, do hereby certify
(Name)

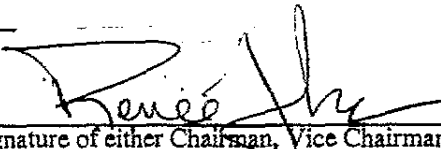
that this Resolution of the Board of Directors of Corporate Insurance
Solutions, Inc.
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Wisconsin,
was duly adopted on Dec. 29th, 1995.

Be it resolved, that Corporate Insurance Solutions, Inc.
(Corporate Name)

organized and existing in the State of Wisconsin, hereby adopts the name
Corporate Insurance Solutions WI, Inc. for use in Florida.

Dated: 03-25-03


Signature of either Chairman, Vice Chairman or any officer

Renee Johnson, President
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

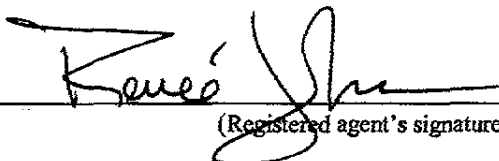
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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2003 MAR 31 PM 12:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. Corporate Insurance Solutions, 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. Wisconsin 3. 39-1782090
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-29-95 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. 10908 Main St. Richmond, IL 60071
(Principal office address)
P.O. Box 465, Richmond, IL 60071-0465
(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: Renee Johnson
Office Address: 5630 Cubes Dr.
Bokeelia, Florida 33922
(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.


(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: None

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Renee Johnson

Address: 5630 Cubles Dr.

Bokeelia, FL 33922

Vice President: None

Address: _____

Secretary: None

Address: _____

Treasurer: _____

Address: _____

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

13. Renee Johnson

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

14. Renee Johnson, President

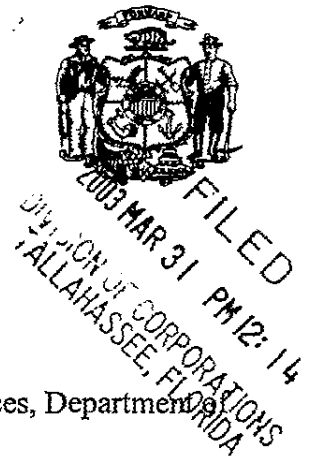
(Typed or printed name and capacity of person signing application)

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2003 MAR 31 PM 12:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOM
180 181 185

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

CORPORATE INSURANCE SOLUTIONS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is December 29, 1995.

I further certify that an Amendment was filed with this department on September 11, 1998, changing the name from SURETY BOND ASSOCIATES, CORP., to the present name of CORPORATE INSURANCE SOLUTIONS, INC.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on February 7, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen", is written over a horizontal line.

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read "Cathy Mickelson", is written over a horizontal line.