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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 3, 2003

RICHARD L. HIRSCH STERLING INSURANCE AGENCY, INC. 6009 EMILIE ROAD LEVITTOWN, PA 19057

SUBJECT: STERLING INSURANCE AGENCY, INC.

Ref. Number: W03000005797

We have received your document for STERLING INSURANCE AGENCY, 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:

Please note that we have also RETAINED your \$70.00 payment.,

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) 245-6914.

Buck Kohr Corporate Specialist s letter, within 60 days or

Letter Number: 803A00012857

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Starling Insu Name of corporat	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida" register the above referenced foreign corporation
Please return all correspondence concerning this matt	er to the following:
Richard L. Hira	of Person)
Starling Insura	ones Agency, Inc.
6009 Em./12 /	ed.
Lav. Houn 2-	2
For further information concerning this matter, please	e call:
(Name of Person) at (2)	S) 43/54/2 a 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 \$\Bigcup \\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy

RESOLUTION OF BOARD OF DIREC (Please print or type) that this Resolution of the Board of Directors of (Corporate Name) a corporation duly organized and existing under the laws of the State of was duly adopted on Be it resolved, that organized and existing in the State of , hereby adopts the name Signature of either Chairman, Vice Chairman or any officer

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

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. Star	ling Ins.	Aranca	Aganco	1.1	76.8	
words or abbre-	oration; must include the work viations of like import in lang or partnership if not so contain	guage as will clearly in	ndicate that it is a corpo			7
	y under the law of which it is	•	•	3353		ED
(State or country	<u> </u>				و ت سند	至
4	1/80	5	Duration: Year corp.	2- h.l	0	بب - بس ر
`		_	Duration: Year corp.	will cease to exist	or "perpetnizil")	w
6(Date first trans	acted business in Florida. If	corporation has not tr	ansacted business in Fl	orida, insert "upo	n qualification."	,
	_		07.1502 and 817.155,		0	
	E mlie	Dringinal Affirm add				7705
1 - 00	· · · ·	-rincipal office addres	is) 1 - 11	77.44	0	160
6004	E inlie	Current mailing address	is)	own,	7-1	<u> </u>
		Ü	•			
8. (Purpose	(s) of corporation authorized	in home state or cour	atry to be carried out in	state of Florida)	c J .	_
9. Name and st	reet address of Florida r	egistered agent: (I	P.O. Box or Mail Dro	op Box <u>NOT</u> ac	ceptable)	
Name:	Richard L.	. Horse	ረ			
Office Address:	4151 Cm)	f Shorn	BIN. A	/. # 1	102	
	(City)	4.	Florida 3 Y	1103		
	(City)		(Zip o	code)		
10. Registered:	agent's acceptance:					
Having been na	med as registered agent a	nd to accept service	of process for the a	ibove stated cor	poration at the	e place
further agree to	is application, I hereby ac comply with the provision familiar with and accept	ns of all statutes rel	ative to the proper a	nd complete pe	act in this cap rformance of	nacity. I my
,		A.		·· · · · · · · · · · · · · · · · ·		
		\mathcal{A}				
~	(R	Registered agent's sign	ature)			

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: Richard L. Horsch	
Address: 4151 Galf Shorn Blut. N.	# 1102
Naples, F1. 34103	
Vice Chairman:	ES TO
Address:	THE THE
Director: Richard L. Hirred	Total &
Address: A bow	製作 ち
Director:	
Address:	
B. OFFICERS	
President: Richard L. Hirsel	
Address: 4151 Galt Shorn BlvJ. N.	#
Address: 4/5/ 6/7 5 / 6/4 5 / 6/4 5 / 6/4 6 /	- 1/02
Noplas F1. 3410	
Vice President:	<u> </u>
Address:	
	<u> </u>
Secretary: Richard L. Hirsich	
Address:	
Treasurer: Richard L. Hirsed	
Address:	<u> </u>
NIOTON TO	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application)
14. Richard L. Hirrid C.	he application)
(Typed or printed name and capacity of person signing application)	TAIRMAN & E

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 12, 2003

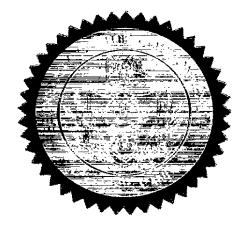


TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STERLING INSURANCE AGENCY, 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.

Bufin Rows