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TRANSMITTAL LETTER TO: Registration Section Division of Corporations 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: For further information concerning this matter, please call: STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, \$70.00 Filing Fee ☐ \$78.75 Filing Fee &

Certified Copy

Certificate of Status & Certified Copy

Certificate of Status

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.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. And cra (State or country under the law of which it is incorporated) 3. 35-147922 95 (FEI number, if applicable)
^ 4
4. CDate of incorporation) 5. Persetual (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. 8515 Bluffton Rd Fatwayne Jud 46809
(Principal office address)
(Current mailing address)
(Current manning address)
8. Brokerage 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: Jason Grove
Name: Jason Grover Office Address: 12421 No Florda Ave Soute C-220
Tampe Florida 336/2
(City), Florida 376/2 (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.
Z god
(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: 1 m Hsh	: 1#F
Address: 8515 Bluffton Re	÷4:
Fort Wayne In 46809	. <u>%</u> :
Vice Chairman: ASL	- Mes
Address: 5/00 I ami'mi Trail N Suite 183	, . -
Newgate Centre, Fl 34103	
Director: Ala Roma	€
Address: 8515 Bluff fon Rd	S.
Fort Wayne It 46809	
Director: Gary Schaeft Address: SSIT Blafffer Rd	
Address: 8515 Blafffer Rd	
Fart Wayne Fr 46800 100 0	-
B. OFFICERS	
President: Tim AsL	, jego
Address: 8515 Blaffta Rd	
Fort Wayne, In 46808	
Vice President: Gay Schaefer	مرد چونچ ≕
Address:SAME	ST .u. PT
Address.	- 35
Secretary: Alga Roman	A TRA
(A sale	ءُ .
	: 115m
Treasurer: Now Defeatro	T A ***********************************
Address: SAME	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. 2 El. A	- · ·
(Signature of Director or Officer listed in number 12 of the application)	-
14. Kon D. Freto CFO / Treasury	<u>.</u>
(Typed or printed name and capacity of person signing application)	

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

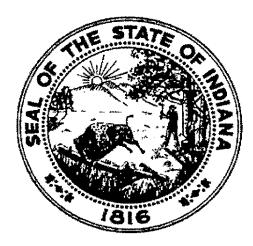
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

ASH BROKERAGE CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 31, 1979, and was in existence or authorized to transact business in the State of Indiana on December 15, 2003.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of December, 2003.

TODD ROKITA, Secretary of State

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