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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Global Marine Insurance Agency, Inc.			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence", and check are submitted to register the above referenced foreign of transact business in Florida.		-	
Please return all correspondence concerning this matter to the following:			
Gregory M. Luyt, Esq.			
(Name of Person)			
Bowerman, Bowden & Moothart, P.C.			
(Firm/Company)			
620-A Woodmere	40		
(Address)	A		
Traverse City, MI 49686	1	******	
(City/State and Zip code)	3>		
enter (** r	AM 8: 34	j	
For further information concerning this matter, please call:			
Gregory M. Luyt at (231) 941-8048			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	·		
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314			
Tantanassee, TE 52572			
Enclosed is a check for the following amount:			
1 V		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.

Global Marine Insurance Agency, Inc.					
(Hinter name of corporation; must include "INCORPORAT" "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")	red.	" "COMPANY," "CORPORATION,"			
(If name unavailable in Florida, enter alternate corporate no	lame	adopted for the purpose of transacting bus	ness in F	londa)	
Michigan	_ 3,	38-3600417			
(State or country under the law of which it is incorporated)	!	(FEI number, if applicable	:}		
4 May 8, 2001	5.	Perpetual			
(Date of incorporation)	_	(Dutation: Year corp. will cease to exist	or "perpe	etual")	
h Immediate					
(Date first transacted business in Florida. If corporation has			n qualific	cation."	•}
(SEE SECTIONS 607.1	1501	1, 607.1502 and 817.155, F.S.)			
7 415 Munson Avenue			_		-
(Principal office	: add	iress)			
Traverse City, MI 49686				=	T
(Current mailing	g nde	tress)	3 7	(JI	_{art} antes Maries
Income a decide			THE STATE OF	4	m
(Purpose(s) of corporation authorized in home state of	ar o	ountry to be carried out in state of Florida.			J
,		•	<u> </u>	8: 34	
 Name and <u>street address</u> of Florida registered ager 	nt:	(P.O. Box or Mail Drop Box NOT acc	epiable)	#	
Name: Michael Abbott		<u> </u>	<u></u>		
Office Address: 1445 SE 164h St.		·			• · ·
Ft. Lauderdale		, Florida 33316			
(City)		(Zip code)			
(i) Paristanad pront's appartunes					

10. Registered agent's acceptance:

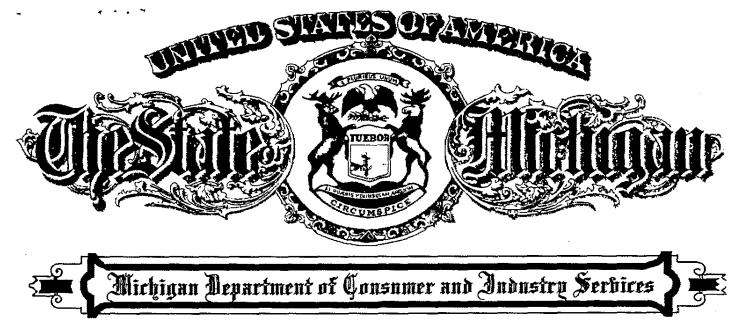
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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) Michael Abbott

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. DIREC	LIURS	•	- ·	•		
Director Chairman:	Michael J. Smith					· <u>· </u>
	415 Munson Avenue					.
	Traverse City, MI 49686					
Director -Vice Chairm	: max: Matthew R. Anderson	·				
Address:	415 Munson Avenue	 		<u></u>	<u>e : : : : : : : : : : : : : : : : : : :</u>	
	Traverse City, MT 49686					
	Pamela J. Stanley					
Address:	415 Munson Avenue					
	Traverse City. MI 49686			-		
Director:	William C. Anderson	<u></u>			<u></u> ·	· · · · · · · · · · · · · · · · · · ·
	415 Munson Avenue					
	Traverse City, MI 49686	·		<u>: - </u>	<u> </u>	
B. OFFIC	ERS			1 10 L		-
President: _	Michael J. Smith			JAN -5	<u>"]</u>	
Address:	415 Munson Avenue			or ±	<u> </u>	
_	Traverse City, MI 49686	·	<u> </u>	<u> </u>	j	
Vice Preside	ent: Matthew R. Anderson	<u>*~</u>	- '\$,	2 <u>2</u>	<u> </u>	
Address:	415 Munson Avenue		·	· · · · · · · · · · · · · · · · · · ·		
	Traverse City, MI 49686					
Secretary:Tr	easurer: William C. Anderson					·_
Address:	415 Munson Avenue, Traverse City, MI 4	9686	<u> </u>	-	· · ·	
-Treasurer: _	Vice President: Pamela J. Stanley					
Address:	415 Munson Avenue, Traverse City, MI 4	9686	_ <u></u>			=
NOTE: If	necessary, you may attach an addendum to the applica	tion listing ad	ditional officer	s and/or direc	tors.	
14	(Signature of Director or Officer listed in number Michael J. Smith, President					
	(Typed or printed name and capacity of p	erson signing	application)			



Lansing, Michigan

This is to Certify That

GLOBAL MARINE INSURANCE AGENCY, INC.

was validly incorporated on May 8, 2001, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of November, 2003.

, Director

Bureau of Commercial Services