

F040000003682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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BK

CT CORPORATION

June 29, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 JUN 29 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6129430 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bob Bader Company (IN)
Qualification
Florida

Please return a good standing certificate along with regular evidence.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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. BOB BADER COMPANY
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- BOB BADER COMPANY INSURANCE AGENCY
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. INDIANA 3. 35-1858026
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 3, 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. DEC 1, 1994
(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. 5348 W. VERMONT, STE 200, INDIANAPOLIS IN 46224
(Principal office address)
- 5348 W. VERMONT, STE 200, INDIANAPOLIS IN 46224
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Jeffrey R. Graves
(Registered agent's signature)

Jeffrey R. Graves
Assistant Secretary

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: ROBERT N. BADER

Address: 5262 ROLAND DR
INDIANAPOLIS IN 46228

Vice Chairman: NONE

Address: _____

Director: NONE

Address: _____

Director: NONE

Address: _____

B. OFFICERS

President: ROBERT N. BADER

Address: 5262 ROLAND DR
INDIANAPOLIS IN 46228

Vice President: CYNTHIA L. RANDOLPH

Address: _____

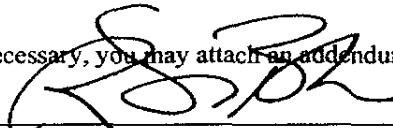
Secretary: TONI R. BADER

Address: 5262 ROLAND DR, INDIANAPOLIS IN 46228

Treasurer: NONE

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT N. BADER, PRESIDENT
(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:

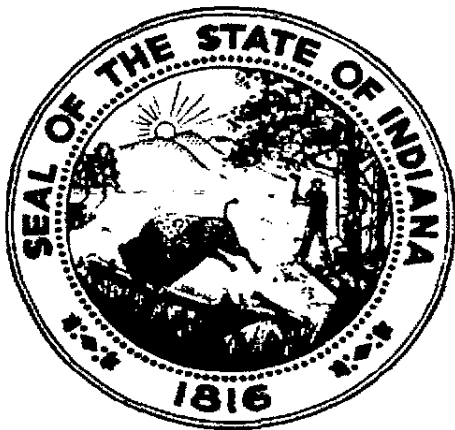
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BOB BADER COMPANY

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 03, 1992, and was in existence or authorized to transact business in the State of Indiana on June 17, 2004.

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 Seventeenth Day of June, 2004 .

TODD ROKITA, Secretary of State

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