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(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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MUNICAL SERVICES

M45154



September 3, 2004

Via DHL Express

Florida Department of State Division of Corporations 109 East Gaines Street Tallahassee, Florida 32399 10077 Grogan's Mill Road, Suite 300 The Woodlands, Texas 77/380

> 281-367-0380 281-364-1452 fax www.mglconsulting.com

RE: Chas. E. Rue & Son, Inc.; Request for Authority to Transact Business in Florida.

Dear Sir/Madam:

With regard to the above captioned matter, we would like to request a Certificate of Authority regarding Chas. E. Rue & Son, Inc. Our client has asked that we handle their insurance agency licensing and registration with the State of Florida. Therefore, on behalf of our client, enclosed please find the following documents:

- 1. Two (2) originally executed Florida Applications by Foreign Corporation for Authorization to Transact Business;
- 2. One (1) Transmittal Letter;
- 3. One (1) original Certificate of Good Standing from the State of New Jersey; and
- 4. One (1) check in the amount of \$70.00 to cover the fee.

Please return the approved Certificate of Authority in the enclosed Airborne Express envelope to my attention at the following address:

MGL Consulting Corporation Attention: Insurance Division – Lorrie A. Webster 10077 Grogan's Mill Road, Suite 300 The Woodlands, Texas 77380

Should you have any questions regarding this request or require additional documentation, please call the directly.

Sincerely,

Lorrie A. Webster Junior Associate

Enclosures (as stated)

ee: Ms. Nancy Koval, Chas. E. Rue & Son, Inc. (w/enclosures)

a division of . .

GL Consulting Corporation teaders in Registration and Compliance.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Chas. E. Rue & Son, Inc.				
		tion - must include suffix)		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence", and check transact business in Florida.				
Please return all correspondence con-	erning this mat	ter to the following:		
	Lorrie A.	Webster		
	(Name	of Person)		
	MGL Consultin	ng Corporation		
	(Firm/C	Company)		
1	0077 Grogan's M	ill Road, Suite 300	·	
	(Ac	idress)		
	The Woodlands	s, Texas 77380		
	(City/Stat	te and Zip code)		
For further information concerning th	nis matter, please	e call:		
Lorrie A. Webster	at (281) 367-0380		
(Name of Person)		a Code & Daytime Telephor	ne Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following	amount:	MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		ìIE
	Filing Fee & ate of Status	☐ \$78.75 Filing Fee & Certified Copy	Certificate of Status & Certified Copy	0

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.

ì.	Chas. E. Rue	& Son, Inc.			
	(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORAT" "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	(If name unava	ailable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in F	lorida)
2.	New Jersey		3.	22-1761405	
	(State or countr	y under the law of which it is incorporated)	•	(FEI number, if applicable)	
4.	01/04/1965		5.	Perpetual	
	(Da	tte of incorporation)		(Duration: Year corp. will cease to exist or "perpe	tual")
	Upon qualific				
	(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1	not 501	transacted business in Florida, insert "upon qualific, 607.1502 and 817.155, F.S.)	eation.")
7.	3812 Quakerbr	idge Road, Trenton, NJ 08619			
		(Principal office	addı	ress)	
	same				
		(Current mailing	addı	ress)	
_	To operate or				
8.		a non-resident insurance agency. (s) of corporation authorized in home state of	r co	untry to be carried out in state of Florida)	
9.		-		(P.O. Box or Mail Drop Box NOT acceptable)	
	Name:	C T Corporation System			
Oi	fice Address:	c/o C T Corporation System, 1200 South P	ine	sland	
		Plantation		, Florida 33324 (Zip code)	CC3
		(City)		(Zip code)	
10	. Registered	agent's acceptance:		#1 / E	r.j.
de fu	signated in th rther agree to	is application, I hereby accept the appoi comply with the provisions of all statute ar with and accept the obligations of my	ntm es re	te of process for the above stated corporation is tent as registered agent and agree to act in this elative to the proper and complete performance sition as registered agent.	capacity.
		C T Corporation System		Howard L. Volz Asst. Secretary	23
		By: Hurand h. Vol		- wot October	
		(Registered agents signatu	ıre)		

- 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. DIR	RECTORS SEE ATTACHMENT	
Chairman	in:	
Address:	:	
Vice Cha	airman:	
	:	
Director:	William M. Rue	
Address:	3812 Quakerbridge Road	
	Trenton, NJ 08619	·
Director:	Elizabeth A. Allen	
Address:	3812 Quakerbridge Road	
	Trenton, NJ 08619	
B. OFF	FICERS SEE ATTACHMENT	
President	t: William M. Rue	
Address:	3812 Quakerbridge Road	
	Trenton, NJ 08619	
Vice Pres	sident: Elizabeth A. Allen	
Address:	3812 Quakerbridge Road	
	Trenton, NJ 08619	
Secretary	y: John P. Clauser	
Address:	3812 Quakerbridge Road Trenton, NJ 08619	
Treasurer		ซ์ ซ
Address:	3612 Quakethinge Kosa Heliton, 143 08019	ے د
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or diffectors.	
	(Signature of Director or Officer listed in number 12 of the application)	
14. Will	Hiam MacPherson Rue, President/Director (Typed or printed name and capacity of person signing application)	 -
	1-2 kan at branca arms are submered at betaget presently abbite actors	

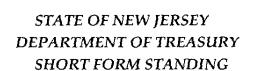
FILED

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Client: Account No. Chas E Rue & Son, Inc. 7130

John P. Clauser William M. Rue, Jr.	Elizabeth A. Allen John J. Warn	William M. Rue	Name	Location: Edition Date:
Secretary/Director Director	Exe. Vice Pres./Director Treasurer/Director	President/Director	Title	New Jersey 1/20/2004
3812 Quakerbridge Road 3812 Quakerbridge Road	3812 Quakerbridge Road 3812 Quakerbridge Road	3812 Quakerbridge Road	Business Address	
Trenton Trenton	Trenton Trenton	Trenton	City	
Ν _ζ Σ	₹ ₽	ž	State	

Zip 08619 08619 08619 08619 08619



CHAS. E. RUE & SON INC. 2824450000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 4, 1965.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

William M Rue 3812 Quakerbridge Rd Po Box 3006 Trenton, NJ 08619 0006

Continued on next page . . .



DEPARTMENT OF TREASURY SHORT FORM STANDING

CHAS. E. RUE & SON INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of August, 2004

John E McCormac, CPA State Treasurer