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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

GENA BRADSHAW, FLMI  
Chief Executive Officer

W.H.L. WOODYARD IV  
Chief Operating/Financial Officer

October 8, 2004

Florida Secretary of State  
Corporations Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the documents necessary to qualify  
**Wellington F. Roemer Insurance, Inc.** to do business in your  
state.

Thank you for your consideration of this filing.

Sincerely,

Detra Reed  
Initial Licensing Division  
[dreed@centrallicensingbureau.com](mailto:dreed@centrallicensingbureau.com)

/dr

Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wellington F. Roemer Insurance, Inc.  
(Name of corporation - must include suffix)

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:

Detra Reed  
(Name of Person)

Central Licensing Bureau  
(Firm/Company)

1501 N. University, #550  
(Address)

Little Rock, AR 72207  
(City/State and Zip code)

For further information concerning this matter, please call:

Detra Reed at (501) 664-8044  
(Name of Person) (Area 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    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Wellington F. Roemer Insurance, Inc.  
(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)

2. Ohio 3. 34-4413018  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 17, 1946 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon approval  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3912 Sunforest Court, Toledo, OH 43623  
(Principal office address)

P.O. Box 8730, Toledo, OH 43623-0730  
(Current mailing address)

8. The corporation is presently in the business of insurance, functioning as an 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 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: See Attached  
(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:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ACCEPTANCE OF APPOINTMENT

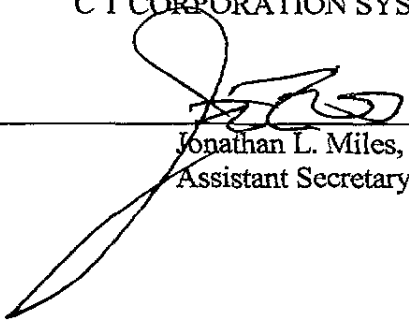
RE: **Wellington F. Roemer Insurance, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 4, 2004

C T CORPORATION SYSTEM

By \_\_\_\_\_

  
Jonathan L. Miles,  
Assistant Secretary

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: William T. Roemer

Address: 3912 Sunforest Court

Toledo, OH 43623

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Wellington F. Roemer, III

Address: 3912 Sunforest Court

Toledo, OH 43623

Vice President: Alexander H. Due

Address: 3912 Sunforest Court

Toledo, OH 43623

Secretary: William T. Roemer

Address: 3912 Sunforest Court, Toledo, OH 43623

Treasurer: Dane Vollmar

Address: 3912 Sunforest Court, Toledo, OH 43623

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. Wellington F. Roemer III - President/CEO

(Typed or printed name and capacity of person signing application)

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show WELLINGTON F. ROEMER INSURANCE, INC., an Ohio corporation, Charter No. 198977, having its principal location in Toledo, County of Lucas, was incorporated on December 17, 1946 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 30th day of September, A.D. 2004*

*J. Kenneth Blackwell*

Ohio Secretary of State