

F05000001272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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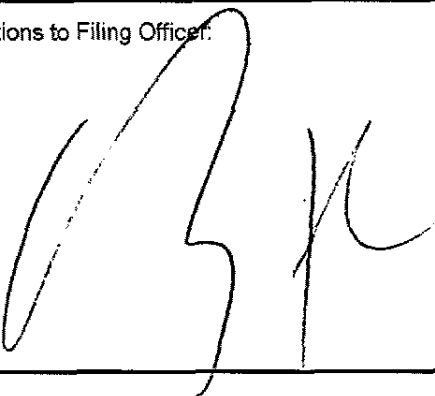
MAIL

(Business Entity Name)

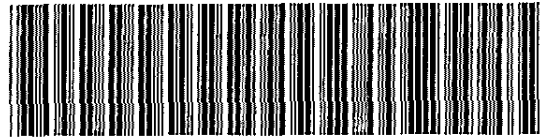
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CT CORPORATION

March 1, 2005

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

FILED
05 MAR - 1 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6310540 SO
Customer Reference 1: 70243/4
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

- S.H. Smith Insurance Agency, Of Massachusetts, Inc. (MA)
----- Qualification
----- Florida
- S.H. Smith Insurance Agency, Of Massachusetts, Inc. (MA)
----- Cert Copy of Certificate of Authority
----- Florida
- S.H. Smith Insurance Agency, Of Massachusetts, Inc. (MA)
----- Certificate of Status/Authorization-Foreign
----- Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

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

CT CORPORATION

Sincerely,

Stephanie Sanders
Fulfillment Specialist
Stephanie_Sanders@cch-lis.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A WoltersKluwer Company

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. S. H. Smith Insurance Agency, of Massachusetts 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. Massachusetts 3. 04-2950572
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 14, 1986 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 661 Highland Avenue, Needham, MA 02110
(Principal office address)
- _____
(Current mailing address)

8. Insurance Wholesaler
(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: CT 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.

Amy Berteletti **AMY BERTELETTI**
(Registered agent's signature) **VICE PRESIDENT**

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: Scott H. Smith

Address: 41 North Main Street, Suite 300, P.O. Box 270049, West Hartford, CT 06109

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Scott H. Smith

Address: 41 North Main Street, Suite 300, P.O. Box 270049, West Hartford, CT 06109

Vice President: _____

Address: _____

Secretary: Jerilyn A. Smith

Address: 41 North Main Street, Suite 300, P.O. Box 270049, West Hartford, CT 06109

Treasurer: Scott H. Smith

Address: 41 North Main Street, Suite 300, P.O. Box 270049, West Hartford, CT 06109

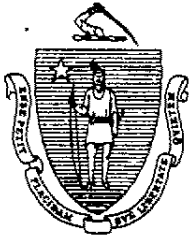
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. _____

SCOTT H. SMITH PRESIDENT
(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

February 1, 2005

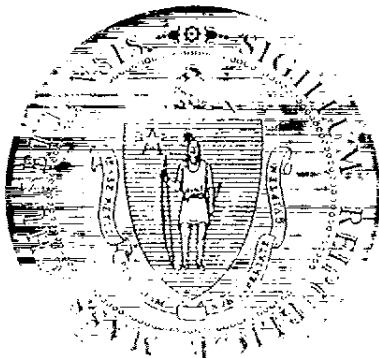
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

S. H. SMITH INSURANCE AGENCY, OF MASSACHUSETTS INC.

is a domestic corporation organized on **November 14, 1986**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin
Secretary of the Commonwealth