F05000003423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

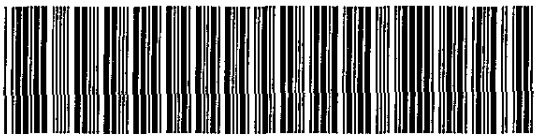
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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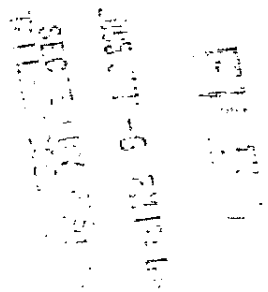

F05-3423

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Member 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 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:

Linda J. Lockley
(Name of Person)

Member Insurance Agency, Inc.
(Firm/Company)

4209 W. Shamrock Lane
(Address)

McHenry, IL 60050
(City/State and Zip code)

For further information concerning this matter, please call:

Linda Lockley at (815) 578-2546
(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. Member Insurance Agency, 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. Illinois
(State or country under the law of which it is incorporated)

3. 36-2964176
(FEI number, if applicable)

4. 3/6/78
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

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

7. 4209 W. Shamrock Lane, McHenry, IL 60050
(Principal office address)

4209 W. Shamrock Lane, McHenry, IL 60050
(Current mailing address)

8. Insurance Sales & Service
(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: Irvin Bunts

Office Address: 3017 Fayson Circle

Deltona (City), Florida 32738 (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.

(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:

A. DIRECTORS

Chairman: Wayne M. Fell

Address: 4209 W. Shamrock Lane

McHenry, IL 60050

Vice Chairman:

Address:

Director: Douglas J. Jensen

Address: 4209 W. Shamrock Lane

McHenry, IL 60050

Director:

Address:

B. OFFICERS

President: Wayne. Fell

Address: 4209 W. Shamrock Lane,

McHenry, IL 60050

Vice President:

Address:

Secretary: Annette M. Bechtold

Address: 2920 Horizon Park Drive, Suite D, Suwanee, GA 30024

Treasurer: Douglas J. Jensen

Address: 4209 W. Shamrock Lane, McHenry, IL 60050

2005 JUN -6 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

14. DOUGLAS J. JENSEN - TREASURER
(Typed or printed name and capacity of person signing application)

File Number 5139-034-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEMBER INSURANCE AGENCY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 6, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS**********

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* MAY *A.D.* 2005

Jesse White

SECRETARY OF STATE

C-260.2