

F05000003423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

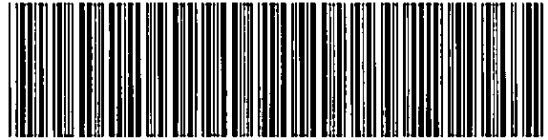
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/26/21--01017--023 **43.75

2021 JAN 26 PM 6:26

MAR 11 2021
S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Member Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: F05000003423

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Lockley

Name of Contact Person

Member Insurance Agency, Inc. now American Hardware & Lumber Insurance Agency, Inc.

Firm/Company

800 Hart Road, Suite 200

Address

Barrington, IL 60010

City/State and Zip Code

llockley@memberinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Lockley

Name of Contact Person

at (847) 277-2604

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F05000003423

(Document number of corporation (if known))

1. Member Insurance Agency, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. 06/06/2005
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 01/08/2021
5. American Hardware & Lumber Insurance Agency, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

2021 JAN 26 PM 6:26

11:51:11

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

H. Neal Walker, Jr.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Harold Neal Walker, Jr.

(Typed or printed name of person signing)

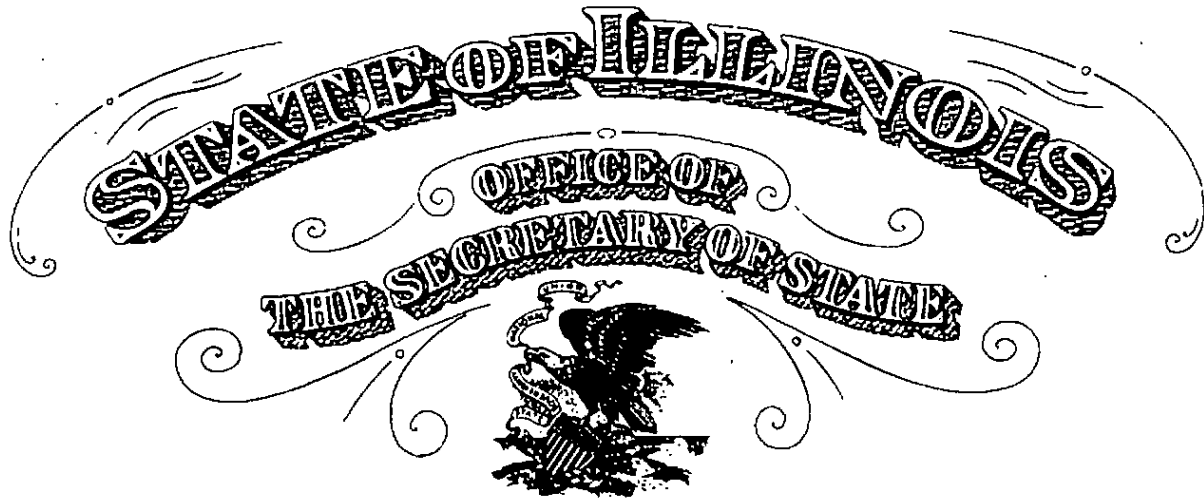
CFO

(Title of person signing)

FILING FEE \$35.00

File Number

5139-034-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 10 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR AMERICAN HARDWARE & LUMBER INSURANCE AGENCY, INC..



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2021 .

Jesse White

SECRETARY OF STATE

FORM **BCA 15.15**
CORPORATE REQUEST
FORM FOR CERTIFICATES OF GOOD STANDING
AND/OR COPIES OF DOCUMENTS

Illinois Business Corporation Act
Secretary of State
Department of Business Services
Corporations Division
501 S. Second St., Rm 350
Springfield, IL 62756
www.cyberdriveillinois.com

25150

FAX: 217-524-8281
EMAIL: sosbscorpexp@ilsos.gov

File #: _____ Date: _____ Approved: _____

1. Corporation Name: American Hardware & Lumber Insurance Agency, Inc.

2. Secretary of State File Number: 5139-034-2
8 digits

Request for:

- Expedited Certificate of Good Standing \$45
- Expedited Certified Copy of Articles of Incorporation and all amendments \$75
- Expedited Certified Copy of Other Document (set forth below) (per document fee) \$75

Name of Document Date Filed

In addition to the above fees, an additional payment processor fee is charged when paying by credit card (minimum \$1).

THE PROCEDURE FOR REQUESTING DOCUMENTS HAS CHANGED.
EFFECTIVE 9/1/20 WE WILL NO LONGER ACCEPT CREDIT CARD INFORMATION.
THE CUSTOMER WILL BE REQUIRED TO SET UP AN ACCOUNT.

10

3. Please complete your payment account on <https://magic.collectorsolutions.com/magic-ui/en-US/Login/ilsos-bs> prior to submitting the copy request. The NCR assigned account number and account name must be set forth below.

IL10005916 Neal Walker
NCR assigned account number Account name

4. Name and daytime phone number of contact person:
Linda Lockley 847-277-2604
Name Phone Number

5. Shipment method (SELECT ONE):

- Regular Mail (Complete Item 6a.)
- United Parcel Service (Complete Item 6a & 6b.)
- Email (Complete Item 6c.)

6a. Send to: _____
First Name Middle Name Last Name

Number Street Apt./Ste. #

City State ZIP

6b. UPS Account Number: _____
Account Number Account ZIP

6c. Email address: llockley@memberinsurance.com

Expedited requests will be sent out within 24 hours via the above selected method.

Certificate 112309



To all to whom these Presents Shall Come, Greeting:

Whereas, *Articles of Incorporation, duly signed and verified of*
COTTER INSURANCE AGENCY, INC.
have been filed in the Office of the Secretary of State, on the 6th
day of March *A. D. 19* 78, *as provided by "THE BUSINESS*
CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.

Now Therefore, I, ALAN J. DIXON, Secretary of State of the State of Illinois
by virtue of the powers vested in me by law, do hereby issue this certificate of
incorporation, and attach thereto a copy of the Articles of Incorporation
of the aforesaid corporation.

In Testimony Whereof, *I hereto set my hand and cause to*
be affixed the Great Seal of the State of Illinois
Done at the City of Springfield, this 6th
day of March *A. D. 19* 78, *and*
of the Independence of the United States
the two hundred, and 2nd

(SEAL)

Alan J. Dixon

SECRETARY OF STATE

ARTICLE FOUR

The purpose or purposes for which the corporation is organized are:

To act as agent or broker for insurance companies in soliciting and receiving applications for all lines of insurance including, but not limited to, life, casualty, fire and marine, accident and health, credit, and all other kinds of insurance, collecting premiums, and doing such other business as may be delegated to agents or brokers by such companies and to conduct a general insurance agency and insurance brokerage business.

To acquire, own, use, convey and otherwise dispose of and deal in real estate or any interest therein.

ARTICLE FIVE

PARAGRAPH 1: The aggregate number of shares which the corporation is authorized to issue is 5,000, divided into one classes. The designation of each class, the number of shares of each class, and the par value, if any, of the shares of each class, or a statement that the shares of any class are without par value, are as follows:

Class	Series (If any)	Number of Shares	Par value per share or statement that shares are without par value
<u>Common</u>	<u>None</u>	<u>5,000</u>	<u>\$10.00 par value</u>

PARAGRAPH 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:

None

Robert N. Sodikoff

Incorporators

NOTE: There may be one or more incorporators. Each incorporator shall be either a corporation, domestic or foreign, or a natural person of the age of twenty-one years or more. If a corporation acts as incorporator, the name of the corporation and state of incorporation shall be shown and the execution must be by its President or Vice-President and verified by him, and the corporate seal shall be affixed and attested by its Secretary or an Assistant Secretary.

OATH AND ACKNOWLEDGMENT

STATE OF ILLINOIS }
Cook County } ss.

I, *Catherine Delaney* A Notary Public, do hereby certify that on the 3rd day of March 19 78
Robert N. Sodikoff

personally appeared before me and being first duly sworn by me acknowledged the signing of the foregoing document in the respective capacities therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.



Catherine Delaney
Notary Public

5139-034-2

FORM B C A-47

ARTICLES OF INCORPORATION

The following fees are required to be paid at the time of issuing Certificate of Incorporation: Filing fee \$75.00; Initial license fee of 36¢ per \$1,000.00 or 1/20th of 1% of the amount of stated capital and paid-in surplus the corporation proposes to issue without further report (Article Six); Initial franchise tax of 1/10th of 1% of the issued, as above noted. However, the minimum initial franchise tax is \$25.00 and varies monthly on \$25,000, or less, as follows: January, \$37.50; February, \$45.42; March, \$33.33; April, \$31.25; May, \$29.17; June, \$27.08; July, \$25.00; August, \$22.92; September, \$20.83; October, \$18.75; November, \$16.67; December, \$14.58; (See Sec. 133 BCA).

In excess of \$25,000, the franchise tax per \$1,000.00 is as follows: Jan., \$1.50; Feb., 1.4167; March, 1.3334; April, 1.25; May, 1.1667; June, 1.0834; July, 1.00; Aug., .9167; Sept., .8334; Oct., .75; Nov., .6667; Dec., .5834.

All shares issued in excess of the amount mentioned in article Six of this application must be reported within 60 days from date of issuance thereof, and franchise tax and license fee paid thereon; otherwise, the corporation is subject to a penalty of 1% for each month on the amount until reported and subject to a fine of not to exceed \$500.00.

The same fees are required for a subsequent issue of shares except the filing fee is \$1.00 instead of \$75.00.

FILED

MAR 06 1978

(17553-7534-12787)
SECRETARY OF STATE

Form **BCA-10.30**
(Rev. Jan. 1995)

ARTICLES OF AMENDMENT

File # 5139-034,2

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1832

FILED

MAY 23 1995

PAID

GEORGE H. RYAN
SECRETARY OF STATE

MAY 24 1995

SUBMIT IN DUPLICATE

This space for use by
Secretary of State

Date 5-27-95

Franchise Tax \$ 25
Filing Fee \$ 25

Penalty \$
Approved: [Signature]

Remit payment in check or money
order, payable to "Secretary of State."
*The filing fee for articles of
amendment - \$25.00

1. CORPORATE NAME: Cotter Insurance Agency, Inc. 5X

2. MANNER OF ADOPTION OF AMENDMENT:
The following amendment of the Articles of Incorporation was adopted on April 12, 1995

- 19 95 in the manner indicated below. ("X" one box only)
- By a majority of the incorporators, provided no directors were named in the articles of incorporation and no directors have been elected; (Note 2)
 - By a majority of the board of directors, in accordance with Section 10.10, the corporation having issued no shares as of the time of adoption of this amendment; (Note 2)
 - By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment; (Note 3)
 - By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the articles of incorporation were voted in favor of the amendment; (Note 4)
 - By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the articles of incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10; (Notes 4 & 5)
 - By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. (Note 5)

3. TEXT OF AMENDMENT:
a. When amendment effects a name change, insert the new corporate name below. Use Page 2 for all other amendments.
Article I: The name of the corporation is:

Member Insurance Agency, Inc. Bl Bl
(NEW NAME)

All changes other than name, include on page 2
(over)

The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows: (If not applicable, insert "No change")

no change

5. (a) The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital (Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) is as follows: (If not applicable, insert "No change")

no change

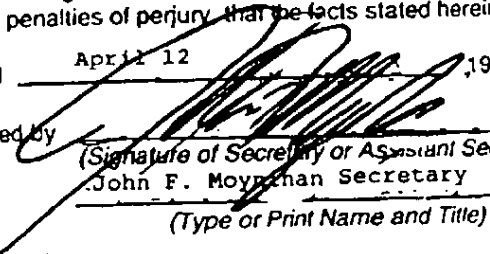
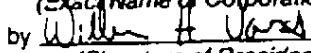
- (b) The amount of paid-in capital (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) as changed by this amendment is as follows: (If not applicable, insert "No change")

no change

	Before Amendment	After Amendment:
Paid-in Capital	\$ _____	\$ _____

(Complete either Item 6 or 7 below. All signatures must be in **BLACK INK.**)

6. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated	April 12, 19 95	Cotter Insurance Agency, Inc.
		(Exact Name of Corporation at date of execution)
attested by		by 
	(Signature of Secretary or Assistant Secretary)	(Signature of President or Vice President)
	John F. Moynihan Secretary	William H. Voss President
	(Type or Print Name and Title)	(Type or Print Name and Title)

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, then a majority of the directors or such directors as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under the penalties of perjury, that the facts stated herein are true.

Dated _____, 19 _____

_____	_____
_____	_____
_____	_____
_____	_____