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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Association of Insurance Professionals, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael W. Jones
(Name of Person)

Thompson, Coe, Cousins & Irons, L.L.P.
(Firm/Company)

701 Brazos, Suite 1500
(Address)

Austin Centre
(Address)

Austin, TX 78701
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael W. Jones at (512) 703-5055
(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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. American Association of Insurance Professionals, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Texas 3. 20-2968754
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 19, 2005 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2501 West Hillsboro Blvd., Suite 106, Deerfield Beach, FL 33442
(Principal office address)

2501 West Hillsboro Blvd., Suite 106, Deerfield Beach, FL 33442
(Current mailing address)

8. To purchase liability insurance on a group basis for insurance agents, agencies or brokers
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Jay Martin Hoffman

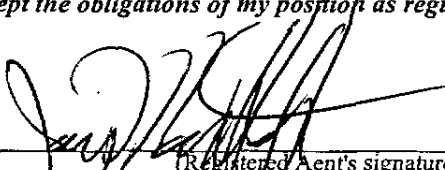
Office Address: 2501 West Hillsboro Blvd., Suite 106

Deerfield Beach, Florida 33442
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jay Martin Hoffman

Address: 2501 West Hillsboro Blvd., Suite 106

Deerfield Beach, FL 33442

Vice Chairman: _____

Address: _____

Director: Alan J. Ginden

Address: 2501 West Hillsboro Blvd., Suite 106

Deerfield Beach, FL 33442

Director: Ira Frankel

Address: 2501 West Hillsboro Blvd., Suite 106

Deerfield Beach, FL 33442

B. OFFICERS

President: CHAIRMAN: Jay Martin Hoffman

Address: 2501 West Hillsboro Blvd., Suite 106

Deerfield Beach, FL 33442

Vice President: PRESIDENT: Alan J. Ginden

Address: 2501 West Hillsboro Blvd., Suite 106

Deerfield Beach, FL 33442

Secretary: Jay Martin Hoffman

Address: 2501 West Hillsboro Blvd., Suite 106, Deerfield Beach, FL 33442

Treasurer: _____

Address: _____

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jay Martin Hoffman Chairman
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



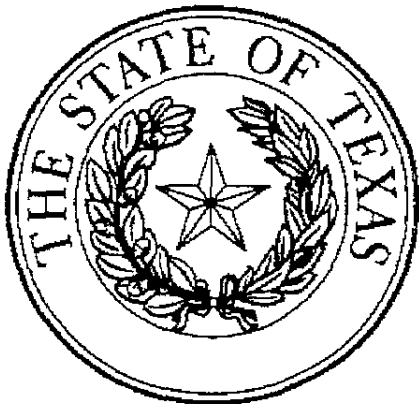
Roger Williams
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for AMERICAN ASSOCIATION OF INSURANCE PROFESSIONALS, INC. (filing number: 800495269), a Domestic Nonprofit Corporation, was filed in this office on May 19, 2005.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 20, 2005.



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams
Secretary of State