

F05.0000004236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

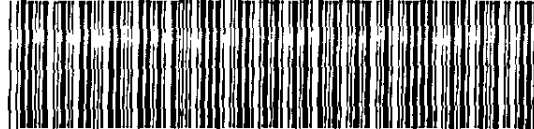
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200057188512

07/18/05--01026--026 \*\*70.00

FILED  
2005 JUL 18 PM 2:15  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 22 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PUBLIC Square 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:

CAROL J. Ide CPCU  
(Name of Person)

PUBLIC SQUARE Insurance Agency, Inc  
(Firm/Company)

2703 SW 2nd Ave  
(Address)

CAPE Coral FL 33914  
(City/State and Zip code)

For further information concerning this matter, please call:

Carol Ide at (239) 242-9287  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
2005 JUL 18 PM 2:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. PUBLIC SQUARE 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. PENNSYLVANIA 3. 23-2274890  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/83 5. Perpetual  
(Date of incorporation) (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. 2703 SW 2ND AVE CAPE CORAL FL 33914  
(Principal office address)

2703 SW 2ND AVE CAPE CORAL FL 33914  
(Current mailing address)

8. 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: CAROL J IDE CPCU

Office Address: 2703 SW 2ND AVE  
CAPE CORAL FL, Florida  
(City) 33914 (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.

Carol J Ide  
(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:

FILED  
JUL 18 PM 2:19  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: Robert W. Ide

Address: 2703 SW 2ND Ave  
CAPE Coral FL 33914

Vice Chairman: CAROL J Ide

Address: 2703 SW 2nd Ave  
Cape Coral FL 33914

Director: JOAN A. HART

Address: 55 E UNION ST  
Kingston PA 18704

Director: William R. Ide III

Address: 26 W. Union St  
Kingston PA 18704

FILED  
2005 JUL 18 PM 2:19  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Robert W. Ide

Address: 2703 SW 2ND Ave  
CAPE Coral FL 33914

Vice President: CAROL J. Ide

Address: 2703 SW 2ND Ave  
Cape Coral FL 33914

Secretary: JOAN A HART

Address: 55 E. Union ST. Kingston Pa 18704

Treasurer: CAROL J Ide

Address: 2703 SW 2ND Ave CAPE Coral FL 33914

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

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

14. CAROL J. Ide  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

July 06, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

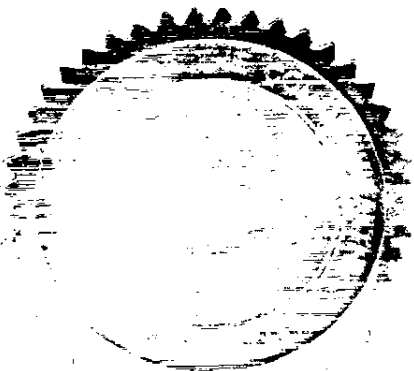
**PUBLIC SQUARE INSURANCE AGENCY, INC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

IN TESTIMONY WHEREOF, I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*Richard C. Cortes*

Secretary of the Commonwealth



FILED  
2005 JUL 18 PM 2:19  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA