

F05000006606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

F05-6606

(Document Number)

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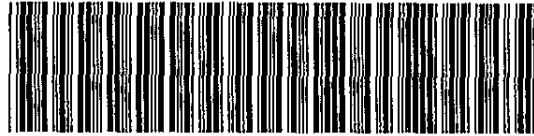
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICL&H, 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:

Kara E. Rister

(Name of Person)

MGL Consulting Corporation

(Firm/Company)

10077 Grogan's Mill Road, Suite 300

(Address)

The Woodlands, TX 77380

(City/State and Zip code)

For further information concerning this matter, please call:

Kara E. Rister at (281) 367-0380

(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. ICL&H, 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. Texas

(State or country under the law of which it is incorporated)

3. 76-0487368

(FEI number, if applicable)

4. 7/12/1995

(Date of incorporation)

5. Perpetual

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

6. Upon qualification.

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

7. 3310 N. University Drive, Nacogdoches, TX 75965

(Principal office address)

3310 N. University Drive, Nacogdoches, TX 75965

(Current mailing address)

8. Formation of a non-resident 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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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.

C T Corporation System

E. A. Wallace

Assistant Secretary

By: 

(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: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List

Address: _____

Vice President: _____

Address: _____

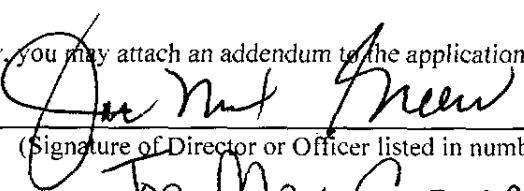
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Joe Max Green
(Typed or printed name and capacity of person signing application)

Client:

ICL&H, Inc.
3310 N. University Drive
Nacogdoches, TX 75965
Account No. 7463

Location: TX & IL
Edition Date: 11/3/2004

Name	Title	Business Address	Home Address	Director	Stock
Gary Lafour	Exec. VP, Secretary	3310 N. University Drive Nacogdoches, TX 75965	2038 Surrey Lane Nacogdoches, TX 75965	Y	0
Jeff Summers	Vice President	3310 N. University Drive Nacogdoches, TX 75965	22 Waterford Muse Nacogdoches, TX 75965	N	0
Joe Max Green	President	3310 N. University Drive Nacogdoches, TX 75965	8 Austin Hallow Nacogdoches, TX 75965	N	0

100% Ownership by JMC/IC Insurance Agency, Inc.
FEIN #76-0057068

10%
of

Shareholder

NO

NO

NO

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 ICL&H, INC. (filing number: 136287600), a Domestic Business Corporation, was filed in this office on July 12, 1995.

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

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 November 04, 2005.



A handwritten signature in cursive script that reads "Roger Williams".

Roger Williams
Secretary of State