

F05000007193

(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



400061942904

12/07/05--01012--006 **87.50

FILED
05 DEC -7 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 13 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gowrie, Barden & Brett, 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:

Lisa Nowacki

(Name of Person)

Chubb Licensing Services

(Firm/Company)

15 Mountain View Road

(Address)

Warren, NJ 07059

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Nowacki

(Name of Person)

at (908) 903.2413

(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

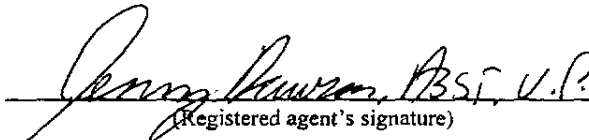
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. Gowrie, Barden & Brett, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Connecticut 3. 06-1239436
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/1/1988 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. 70 Essex Road, Westbrook, CT 06498
(Principal office address)
70 Essex Road, Westbrook, CT 06498
(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: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (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:

FILED
05 DEC -7 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
05 DEC -7 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Christopher S. Pesce

(Signature of Director or Officer listed in number 12 of the application)

14. Christopher Pesce

(Typed or printed name and capacity of person signing application)

Gowrie, Barden & Brett, Inc.

List of Officers

Christopher L. Pesce

Resident Address: 28 Indian Trail
Madison, CT 06443

Title: Principle

Owner: No

Spencer Carter Gowrie III

Resident Address: 64 Cromwell Place
Old Saybrook, CT 06475

Title: President

Owner: Yes

Michael J. Brett

Resident Address: 535 Fern Street
West Hartford, CT 06107

Title: President

Owner: Yes

Business Address for all of the above:

Gowrie, Barden & Brett, Inc.
70 Essex Road
Westbrook, CT 06498

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

GOWRIE, BARDEN & BRETT, INC.

incorporated under the laws of Connecticut is in existence.

A handwritten signature in black ink, reading "Susan Bysiewicz", is written over a horizontal line.

Secretary of the State

Date Issued: November 4, 2005