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Florida Department of State

Division of Corporations Public Access System

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From:

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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

American Hobbyist Insurance Agency, Inc.

Certificate of Status	0
Certified Copy	0
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CT CORP

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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.

	yist insurance Agency, Inc.				
(Enter name of t	orporation; must include "INCORPORATE	D," "COMPANY," "COR	PORATION,"		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corg.")		•		
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(If manner monver)	able in Florida, enter alternate corporate na	me adopted for the purpose o	d triusacting bo	docus in Floric	la)
A 19		3 31-1782670	•		•
2. Pennsylvania (State or country	under the law of which it is incorporated).	~	ber, if applicab	ie)	:
•	,		,	:	•
4 03/30/2001		5. Perpetual		<u> </u>	<u> </u>
(Distr	of incorporation)	(Duration: Year corp. v	ATT OCERC ED CHIR	t or _berbearer.	")
6, 01/02/2006				•	
	(Date first transacted busines				- .
	(SEE SECTIONS 607.1501 & 607	1.1502, F.S., to determine per	anta jindijita)		•
7, 426 NEWBOLD	RD, JENKINTOWN, PA 19046	•			Żω
411-	(Principal office a	ddresa)	-		一二 <u>产</u>
PO Roy 704 Ten	kingowa, PA 19046				主義
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8_ to act as an inqu	CORDA AMERICA		•		
	e) of corporation authorized in home state or	anustra to be expended one in	seute of Florida's		—'n≒ .
(z sagowoji	e) or overloanson multiplierer in milite sourc of	COUNTY OF CHI 100 ME III	Man Of Profites	٠.	18
9. Name and street	staddress of Florida registered agent: (1	O. Box NOT acceptable	•	• .	. <u>≥</u> ≥
	OMO			• •	⇒171. (
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
					
	Pleasation		<u>4</u>	15. • •	
* 4	(City)	(Zip.co	rde)	•	
in Manhetinad as	ent's accoptance:				
	cent s acceptance; ed as registered agent and to accept sec	wice of necessary for the all	and stated com	norstian et ti	kar milanna
designated in this	application, I hereby accept the appoin	itment as revisiered aven	t und aprec to	act in this ca	nacito. I
further agree to c	owysty with the provisions of all statutes	relative to the proper an	d complete per	formance of	ny duties,
and I am familier	with and accept the obligations of my	position as regiziered age	nt.		
**	CT Suporation System			• •	. '
		VickiAnn	Owens	(•
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· 	(Registered agent's signatur		HI OCOUNTY		
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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:

PLOIS - DANS // CTFilling Manager Quinc

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KLAIS - GLOTAL C T TRING Manager College

2155537773

Attachment to Flerida Officers & Directors

Full Name: Jill Bookman Officer Director Officer/Director: Officer's Title: Treasurer Director's Title: Chairman Business Address: 426 NEWBOLD RD City: JENKINTOWN State: PA シャンス つかりが (性) はないたい カンド・ルーミン さがた なぬいしき シャン Full Name: Jill Bookman Officer/Director: Officer Director Officer's Title: Secretary Director's Title: Other Director 426 NEWBOLD RD Business Address: City: **JENKINTOWN** State: PA ZIP Code: 19046 Amy Kanyuk Full Name: Officer/Director: Officer Director Officer's Title: Vice President Director's Title: Other Director 426 NEWBOLD RD Business Address: City: JENKINTOWN State: PA ZIP Code: 19046 Full Name: Nancy Kanyuk Officer/Director. Officer Director Officer's Title: Vice President Director's Title: Other Director Business Address: 426 NEWBOLD RD City: JENKINTOWN State: PA ZIP Code: 19046 Thomas Kanyuk Total and Market and Add Officer/Director: Officer, Director Officer's Title: CEO. Director's Title: Other Director Business Address: 426 NEWBOLD RD City: **JENKINTOWN** State: PA ZIP Code: 19046 Full Name: Thomas Kanyuk Officer/Director: Officer, Director

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11/22/2005

Officer's Title:

President

CT CORPORATION SYS PAGE 05/06

01/18/2006 16:36 2155637773

7. Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:

ZIP Code:

Melissa Trought
Officer, Director
Vice President
426 NEWBOLD RD
PENKINTOWN
PA
19046

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11/22/2005

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CT CORPORATION SYS

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COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF STATE

January 12, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

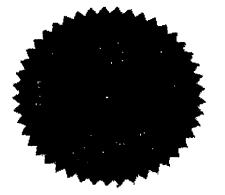
I DO HEREBY CERTIFY THAT,

2155637773

01/19/2006 16:36

AMERICAN HOBBYIST 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 Seai of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

STMARTZ