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Florida Department of State
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Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

American Hobbyist Insurance Agency, Inc.

Certificate of Status	0
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J. Shivers JAN 20 2006

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. American Hobbyist 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. 31-1782670
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/30/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/02/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 426 NEWBOLD RD, JENKINTOWN, PA 19046
(Principal office address)

PO Box 395, Jenkintown, PA 19046
(Current mailing address)

8. to act as an 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

CT Corporation System

By: Vicki Ann Owens
(Registered agent's signature)

Vicki Ann Owens
Special Assistant Secretary

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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS SEE ATTACHMENTChairman: Jill BookmanAddress: 426 NEWBOLD RDJENKINTOWN, PA 19046

Vice Chairman: _____

Address: _____

Director: Jill BookmanAddress: 426 NEWBOLD RDJENKINTOWN, PA 19046Director: Amy KanyukAddress: 426 NEWBOLD RDJENKINTOWN, PA 19046**B. OFFICERS SEE ATTACHMENT**President: Thomas KanyukAddress: 426 NEWBOLD RDJENKINTOWN, PA 19046Vice President: Amy KanyukAddress: 426 NEWBOLD RDJENKINTOWN, PA 19046Secretary: Jill BookmanAddress: 426 NEWBOLD RD JENKINTOWN, PA 19046Treasurer: Jill BookmanAddress: 426 NEWBOLD RD JENKINTOWN, PA 19046

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

13. _____

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

14. Melissa Trought, Vice President

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

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TALLAHASSEE, FLORIDA

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**Attachment to Florida
Officers & Directors**

-
- | | | |
|----|-------------------|-------------------|
| 1. | 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 |
| | ZIP Code: | 19046 |
| 2. | Full Name: | Jill Bookman |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Secretary |
| | Director's Title: | Other Director |
| | Business Address: | 426 NEWBOLD RD |
| | City: | JENKINTOWN |
| | State: | PA |
| | ZIP Code: | 19046 |
| 3. | Full Name: | Amy 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 |
| 4. | 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 |
| 5. | Full Name: | Thomas Kanyuk |
| | 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 |
| 6. | Full Name: | Thomas Kanyuk |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |

7. Full Name: Melissa Trought
Officer/Director: Officer, Director
Officer's Title: Vice President
Business Address: 426 NEWBOLD RD
City: JENKINTOWN
State: PA
ZIP Code: 19046

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

January 12, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

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 Seal of the
Secretary's Office to be affixed,
the day and year above written


Pedro A. Cortes

Secretary of the Commonwealth

STMARTZ