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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

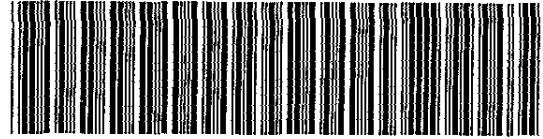
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooks 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:

Jennifer Duffield

(Name of Person)

Brooks Insurance Agency, Inc.

(Firm/Company)

1120 Madison Avenue

(Address)

Toledo, Ohio 436024

(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer Duffield

(Name of Person)

at (419) 2431191

(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

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SECRETARY OF STATE

**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. Brooks 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. Ohio

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

3. 344194540

(FEI number, if applicable)

4. 4/12/1926

(Date of incorporation)

5. Perpetual

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

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1120 Madison Avenue Toledo, Ohio 436024

(Principal office address)

1120 Madison Avenue Toledo, Ohio 436024

(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 or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331

(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.

NRAI Services, Inc.

By: Melody Freeman, Assistant Secretary

(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: Dennis Johnson

Address: 1120 Madison Avenue
Toledo, Ohio 43624

Vice Chairman: _____

Address: _____

Director: Joseph Planicka

Address: 1120 Madison Ave
Toledo, Ohio 43624

Director: Sheila Johnson

Address: 1120 Madison Ave
Toledo, Ohio 43624

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B. OFFICERS

President: Dennis Johnson

Address: 1120 Madison Ave
Toledo, Ohio 43624

Vice President: _____

Address: _____

VP Secretary: Debra Schaefer

Address: 1120 Madison Avenue Toledo, Ohio 43624

VP Treasurer: Paul Johnson

Address: 1120 Madison Avenue Toledo, Ohio 43624

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

13. Debra G. Schaefer
(Signature of Director or Officer listed in number 12 of the application)

14. Debra G. Schaefer Vice President & Secretary
(Typed or printed name and capacity of person signing application)

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show "BROOKS INSURANCE AGENCY, INC.", an Ohio Corporation, Charter No. 121044, having its principal location in Toledo, County of Lucas, was incorporated on April 12, 1926, and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of March, A.D. 2006.

J. Kenneth Blackwell
Ohio Secretary of State