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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40-48-5  
2006

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Invest Financial Corporation Insurance Agency Inc. of Illinois  
(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:

Susan Young

(Name of Person)

Invest Financial Corporation

(Firm/Company)

8745 Henderson Road, Suite 300

(Address)

Tampa, FL 33634

(City/State and Zip code)

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For further information concerning this matter, please call:

Susan Young

(Name of Person)

at ( 813 ) 880-5323

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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. Invest Financial Corporation Insurance Agency Inc. of Illinois**

(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. Illinois 3. 36-3325488  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/14/1984 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 314 Burr Ridge Parkway; Burr Ridge, IL 60527  
(Principal office address)  
8745 Henderson Road, Suite 300; Tampa, FL 33634  
(Current mailing address)

8. **Insurance Sales**  
(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.*

  
PETER F. SOUZA  
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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Lynn Niedermeier

Address: 8745 Henderson Road, Suite 300; Tampa, FL 33634

Vice President: Brent Huff

Address: 3778 LaVista Road, Suite 100; Tucker, GA 30084

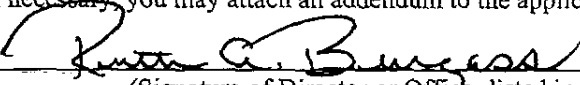
Secretary: Ruth Burgess - Asst. Secretary

Address: 8745 Henderson Road, Suite 300; Tampa, FL 33634

Treasurer: Michael Breslin - Officer

Address: 314 Burr Ridge Parkway; Burr Ridge, IL 60527

**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. Ruth A. Burgess - Chief Compliance Officer/Asst. Secretary/Senior Vice President  
(Typed or printed name and capacity of person signing application)

File Number

5358-757-7



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

INVEST FINANCIAL CORPORATION INSURANCE AGENCY  
INC. OF ILLINOIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE  
LAWS OF THIS STATE SEPTEMBER 14, 1984, APPEARS TO HAVE COMPLIED  
WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS  
STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF  
FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A  
DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*



*In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this* 18TH  
*day of* APRIL *A.D.* 2006 .

*Jesse White*

SECRETARY OF STATE