## F060000014256

| (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



800076298038

06/19/06--01058--001 \*\*70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6.30.0

## 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.

|                | <u> </u>   |   |                                     | 1 1 6                                 |   | -411                | PI             |
|----------------|--|---|-------------------------------------|---------------------------------------|---|---------------------|----------------|
|                | (If name unavaila  | ible in Florida, enter altern   | ate corporate na                    | me adopted for                        | ne purpose of transa                            | cting ousiness in i | riorida)       |
|                | Maryland   |   |                                     | 3. <u>52-1691269</u>                  |   |                     |                |
|                | (State or country  | under the law of which it is  | s incorporated)                     |                                       | (FEI number, if                                 | applicable)         |                |
| 4.             | 10/11/1990   |   |                                     | 5. Perpetual                          |   |                     |                |
|                |  | of incorporation)   |                                     | (Duration:                            | Year corp. will ceas                            | e to exist or "perp | etual")        |
| 6.             | Upon Qualificati   | on  |                                     |                                       |   |                     |                |
|                |  | (Date first tr  |                                     |                                       | orior to registration)<br>determine penalty lia | bility)             |                |
| 7.             | 1282 Smallwood   | Dr., #131, Waldorf, MD  |                                     | •                                     | · <del></del>                                   | ZS B                | )<br>          |
|                |  | (1  | Principal office                    | address)                              |   | L CR                | -11            |
|                | 1282 Smallwood   | Dr., #131, Waldorf, MD  |                                     |                                       |   | 2 E                 |                |
| 8              | The business of i  | nsurance, functioning as a  | Current mailing :                   | •                                     |   | SEE, FU             |                |
| ٠.             |  | ) of corporation authorized   |                                     |                                       | arried out in state of                          | Florida)            | ~              |
| 9.             | Name and stree   | t address of Florida regi   | stered agent: (                     | P.O. Box NO                           | _acceptable)                                    |                     | o <del>-</del> |
|                | Name:  | Corporation Service Cor   | npany                               | <del></del> -                         |   |                     |                |
| Oi             | ffice Address:   | 1201 Hays St.   |                                     | · · · · · · · · · · · · · · · · · · · |   |                     |                |
|                |  | Tallahassee   |                                     | , Flori                               | da 32301<br>(Zip code)                          |                     |                |
|                |  | (Cit  | y)                                  |                                       | (Zip code)                                      |                     |                |
| Ho<br>de<br>fu | aving been name<br>signated in this<br>rther agree to co | ent's acceptance: ed as registered agent a application, I hereby ac<br>omply with the provision with and accept the obl | cept the appoi<br>is of all statute | ntment as regi<br>es relative to th   | stered agent and a<br>e proper and comp         | gree to act in th   | is capacity. I |
|                | Ву   | r: Sec  | Attached                            | <b>)</b>                              |   |                     |                |

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.

(Registered agent's signature)

| A. DIRECTORS   |             |
|--|-------------|
| Chairman:  |             |
| Address:   | · .         |
| Vice Chairman  | 200<br>TAL  |
| Vice Chairman:   |             |
| Address:   | SA - F      |
| Director: Henry S. Itkin   |             |
| Address: 1282 Smallwood Dr., #131  |             |
| Waldorf, MD 20603  | Σ''', σ     |
| Director: Carl E. Trapani  |             |
| Address: 1282 Smallwood Dr., #131  |             |
| Waldorf, MD 20603  |             |
| B. OFFICERS  |             |
| President: Henry S. Itkin  |             |
| Address: 1282 Smallwood Dr., #131  |             |
| Waldorf, MD 20603  |             |
| Vice President: Carl E. Trapani  |             |
| Address: 1282 Smallwood Dr., #131  |             |
| Waldorf, MD 20603  |             |
| Secretary: Carl E. Trapani   |             |
| Address: 1282 Smallwood Dr., #131, Waldorf, MD 20603   |             |
| Treasurer: Henry S. Itkin  |             |
| Address: 1282 Smallwood Dr., #131, Waldorf, MD 20603   |             |
| NOTE: If necessary, you may attach/an addendum to the application listing addition to the application to the application addition to the application to the application to the application addition to the application addition to the application to the |             |
| (Signature of Director or Officer listed in number 12 of the ap  | pplication) |

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

## STATE OF MARYLAND Department of Assessments and Taxation

I. PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HOME PROTECTION ASSOCIATES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 13, 2006.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097