

FO6000206228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

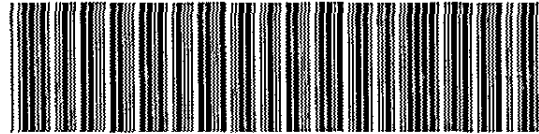
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/28/06--01027--003 **78.75

FILED
06 SEP 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE SEP 29 2006



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 22, 2006

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Certificate of Authority
STATE OF FLORIDA

Please issue a Certificate of Authority to Diversified Insurance Services, Inc. so that the organization can transact business in the Florida. Enclosed are the following:

1. Application for Certificate of Authority
2. Certificate of Existence
3. Chubb Licensing Services check in the amount of \$78.75

If there is any need for this application to be returned, please return to:

Chubb Licensing Services LLC
15 Mountain View Road
Warren, NJ 07059
ATTN: Steve Lawrence

Thank you for your cooperation.

Steve Lawrence
Licensing Associate
Chubb Licensing Services LLC
(908) 903-2367

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Diversified Insurance Services, 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:

Steve Lawrence

(Name of Person)

Chubb Licensing Services LLC

(Firm/Company)

15 Mountain View Road

(Address)

Warren, NJ 07059

(City/State and Zip code)

For further information concerning this matter, please call:

Coral Benton

(Name of Person)

at (262) 574-0440

(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. Diversified Insurance Services, 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. Wisconsin

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

3. 39-1403176

(FEI number, if applicable)

4. 03/03/1982

(Date of incorporation)

5. perpetual

(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. W223 N608 Saratoga Dr. Waukesha, WI 53186

(Principal office address)

W223 N608 Saratoga Dr. Waukesha, WI 53186

(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 NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee,

(City)

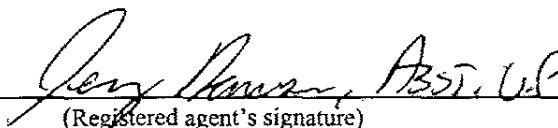
Florida

32301

(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.


(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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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: James E. McCormack

Address: W223 N 608 Saratoga Dr. Waukesha, WI 53186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Karl Cumblad

Address: W223 N 608 Saratoga Dr. Waukesha, WI 53186

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: Raymond Hansen

Address: W223 N 608 Saratoga Dr. Waukesha, WI 53186

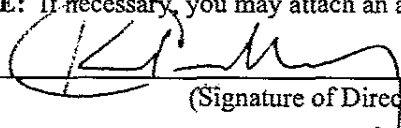
Secretary: David R. Stark

Address: W223 N 608 Saratoga Dr. Waukesha, WI 53186

Treasurer: _____

Address: _____

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. KARL Cumblad

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

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

DIVERSIFIED INSURANCE SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 3, 1982.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 1, 2006.

A handwritten signature in black ink, appearing to be "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 29125-3447C0B4

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06 SEP 28 PM 12: 27
CLERK OF STATE
TALLAHASSEE, FLORIDA