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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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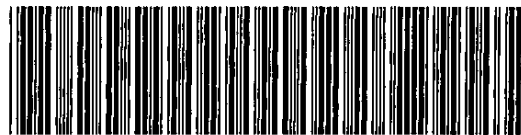
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JAN 03 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fail-Safe 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:

Sandy Huett
(Name of Person)

Year to Year Consulting, L.L.C.
(Firm/Company)

1006 Delmar Drive
(Address)

O'Fallon, MO 63366
(City/State and Zip code)

For further information concerning this matter, please call:

Sandy Huett at (636) 281-3043
(Name of Person) (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. Fail-Safe 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. Kansas 3. 48-1134233
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 24, 1993 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. 11516 Robinson; Overland Park, KS. 66210
(Principal office address)

11516 Robinson; Overland Park, KS. 66210
(Current mailing address)

8. _____
Provide extended protection plans, admin. & warranty admin. for equip. dealers & provide limited warranty services & admin. for equip. distributors & manufacturers.
(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: Florida Incorporators, Inc.

Office Address: 8875 Hidden River Pkwy Ste 300

Tampa, Florida 33637
(City) (Zip code)

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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.

Florida Incorporators, Inc.

By: Mark Hankins **Mark Hankins, President**
(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: Ronald D. Reusch 11516 Robinson Overland KS. 66210

Address: 11516 Robinson; Overland Park, KS. 66210

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ronald D. Reusch

Address: 11516 Robinson; Overland Park, KS. 66210

Vice President: _____

Address: _____

Secretary: Judy A. Reusch

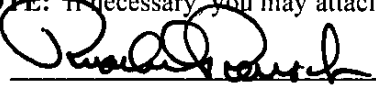
Address: 11516 Robinson; Overland Park, KS. 66210

Treasurer: _____

Address: _____

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

13.  11/28/06
(Signature of Director or Officer listed in number 12 of the application)

14. Ronald D. Reusch - President
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas,
do hereby certify that, according to the records of this office,

FAIL-SAFE INSURANCE SERVICES, INC.
KANSAS FOR PROFIT CORPORATION
Business Entity ID Number: 2078830

was filed in this office on June 25, 1993 and has complied with the applicable
provisions of the laws of the State of Kansas and on this date is in good
standing and authorized to transact business or to conduct its affairs within
this state.

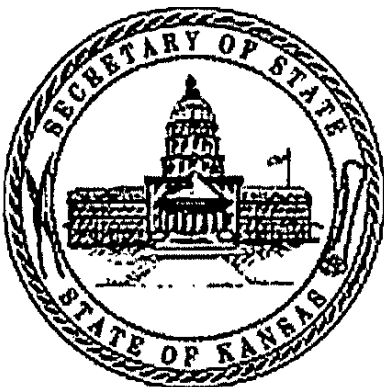
Dated: 11/02/2006

For Validation:

Certificate ID: **55098**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH
SECRETARY OF STATE