

FD7000003291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28.6-28



Insurance Licensing Services

111 N. Railroad Street
Groesbeck, TX 76642

Date 6/8/2007

File # 2277

To:

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee FL 32301

Dear Sir/Madam:

This transmittal is for filing the following document(s) on behalf of PDP Group, Inc.



Certificate of Authority



Enclosed are:



Submission Cover Sheet



Application form(s)



Certificate of Good Standing



Articles of Incorporation



Check for \$ 70.00

67042



Check for \$ _____

Please return all filed copied document(s) etc to:

ILSA

Attn: Becky Staton

111 N. Railroad

Groesbeck, TX 76642

For any questions regarding this submittal, please contact :

Becky Staton

(254) 729-6192

(254) 729-2031

bstaton@licensing4insurance.com

Telephone

Fax

E-Mail

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDP Group, Incorporated
(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:

Becky Staton

(Name of Person)

Insurance Licensing Services of America

(Firm/Company)

111 North Railroad St

(Address)

Groesbeck, TX 76642

(City/State and Zip code)

For further information concerning this matter, please call:

Becky Staton

at (254) 729-6192

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2007

BECKY STATON / INSURANCE LICENSING SERVICES OF AMERICA
111 N. RAILROAD ST.
GROESBECK, TX 76642

SUBJECT: PDP GROUP, INCORPORATED
Ref. Number: W07000027926

We have received your document for PDP GROUP, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 707A00039628

June 25, 2007

Agent signature attached. Please
proceed to file.

**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. PDP Group, Incorporated

(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. MD 3. 520997482

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

(FEI number, if applicable)

4. 4/1/1974 5. perpetual

(Date of incorporation)

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

6. Upon Qualification

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

7. 10909 McCormick Road Valley Hunt, MD 21031-1401

(Principal office address)

P.O. Box 650001 Valley Hunt, MD 21065-0001

(Current mailing address)

8. non resident 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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

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.

CT Corporation System

By: Anthony LiCausi

(Registered agent's signature)

Anthony LiCausi
Vice President

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:

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: William M. Pitcher

Address: 10909 McCormick Road Valley Hunt, MD 21031-1401

Vice Chairman: William A. Penn

Address: 10909 McCormick Road Valley Hunt, MD 21031-1401

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William B. Pitcher

Address: 10909 McCormick Road Valley Hunt, MD 21031-1401

Vice President: James G. Pitcher

Address: 10909 McCormick Road Valley Hunt, MD 21031-1401

Secretary: Sharon Lewis

Address: 10909 McCormick Road Valley Hunt, MD 21031-1401

Treasurer: William M. Pitcher

Address: 10909 McCormick Road Valley Hunt, MD 21031-1401

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. William B. Pitcher / President

(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 THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PDP GROUP, INCORPORATED 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 MAY 16, 2007.



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