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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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July 10, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6970056 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Smithwick & Mariners Insurance, Inc. (ME)
Qualification
Florida

Smithwick & Mariners Insurance, Inc. (ME)
Cert Copy of Certificate of Authority
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Smithwick & Mariners Insurance, 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:

Laurie Wilson, Corporate Paralegal
(Name of Person)

Preti, Flaherty, Beliveau & Pachios, LLP
(Firm/Company)

One City Center, P.O. Box 9546
(Address)

Portland, Maine 04112-9546
(City/State and Zip code)

For further information concerning this matter, please call:

Laurie Wilson at (207) 791-3153
(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. Smithwick & Mariners Insurance, 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. Maine

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

3. 01-0427908

(FBI number, if applicable)

4. 08/14/1987

(Date of incorporation)

5. Perpetual

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

6. date of filing

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

7. 366 U.S. Route One, Falmouth, ME 04105

(Principal office address)

same

(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: C T 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.

C T Corporation System

By: Amy B. Felt

(Registered agent's signature)

AMY B. FELT
V. 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

A. DIRECTORS SEE ATTACHMENT

Chairman: Stephen M. Smithwick

Address: 366 U.S. Route One

Falmouth, ME 04105

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Reginald H. Smithwick

Address: 366 U.S. Route One

Falmouth, ME 04105

Vice President: Kevin D. Rocha

Address: 366 U.S. Route One

Falmouth, ME 04105

Secretary: _____

Address: _____

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. Reginald H. Smithwick, President

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|--------------------------|
| 1 | Full Name: | Christopher P. Smithwick |
| | Officer/Director: | Officer,Director |
| | Officer's Title: | Treasurer and Secretary |
| | Director's Title: | Director |
| | Business Address: | 366 U.S. Route One |
| | City: | Falmouth |
| | State: | ME |
| | ZIP Code: | 04105 |
| 2 | Full Name: | Reginald H. Smithwick |
| | Officer/Director: | Officer,Director |
| | Officer's Title: | President |
| | Director's Title: | Director |
| | Business Address: | 366 U.S. Route One |
| | City: | Falmouth |
| | State: | ME |
| | ZIP Code: | 04105 |

State of Maine



Department of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

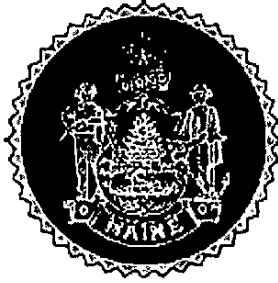
I further certify that SMITHWICK & MARINERS INSURANCE, INC., formerly SMITHWICK & CLARKE INSURANCE, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is August 14, 1987.

I further certify that on:

August 14, 1987	ARTICLES OF INCORPORATION were filed.
January 12, 1989	CHANGE IN PURPOSE was filed.
April 10, 1989	RESIGNATION OF CLERK/AGENT was filed.
April 26, 1989	CHANGE OF CLERK AND REGISTERED OFFICE was filed.
November 01, 1994	CHANGE OF REGISTERED OFFICE was filed.
August 21, 1996	CHANGE OF CLERK AND REGISTERED OFFICE was filed.
November 10, 1999	ASSUMED NAME was filed.
November 10, 1999	CHANGE OF LEGAL NAME was filed.
December 19, 2001	CHANGE OF CLERK AND REGISTERED OFFICE was filed.
March 08, 2002	CHANGE IN NUMBER AND/OR EXISTENCE OF DIRECTORS was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-seventh day of June 2007.

A handwritten signature in black ink, appearing to read "Matthew Dunlap", written in a cursive style.

MATTHEW DUNLAP

Secretary of State

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TALLAHASSEE, FLORIDA