

FO7000003717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

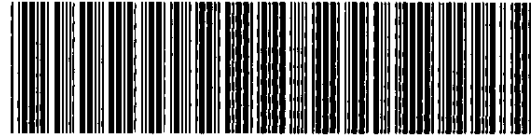
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Certificates of Status _____

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Do you want to Qualify

Office Use Only



500187483715

11/08/10--01037--013 **87.50

FILED
10 DEC 15 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
DEC
12/16

November 5, 2010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of name for International Funding, Ltd., Inc.
to InsuranceTPA.com, Inc.

Dear Sir or Madam:

Enclosed please find application for Foreign Name Registration, a Certificate of Good Standing from the State of Wisconsin, together with our check in the amount of \$87.50.

I note that the application states that this does not register the foreign corporation to transact business in Florida. Would you please advise what form needs to be filed to complete all the necessary requirements.

Thank you for your help.

Sincerely,



Viola J. Nicks
InsuranceTPA.com, Inc.

encs

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSURANCE.TPA.COM, INC.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vi NICKS
Name of Contact Person

INSURANCE.TPA.COM, INC.
Firm/Company

462 MIDLAND RD #100
Address

JANESVILLE WI 53546
City/State and Zip Code

Vi @ SASID.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: see your letter

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
Certificate of Status

☐

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

1. INTERNATIONAL FUNDING LTD NYK/A INSURANCE TPA.COM, INC.
(Name of corporation as it appears on the records of the Department of State)

2. WISCONSIN
(Incorporated under laws of)

3. 11-8-07
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1-8-10

5. INSURANCE TPA.COM, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

D. SHAWN KENNEDY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILED
10 DEC 15 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPT OF
FINANCIAL INSTITUTIONS
Sec 780.1006
WISCONSIN

2010 FEB -4 AM 10:56

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



ARTICLES OF AMENDMENT – STOCK, FOR-PROFIT CORPORATION

A. The present corporate name (prior to any change effected by this amendment) is:

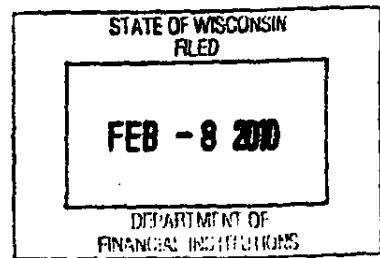
International Funding, LTD

(Enter Corporate Name)

Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form. Determine those items to be changed and set forth the number identifying the paragraph in the articles of incorporation being changed and how the amended paragraph is to read.)

RESOLVED, THAT the articles of incorporation be amended as follows:

Resolved, that Article 1 of the articles of incorporation be amended to read: Name of Corporation: InsuranceTPA.com, Inc.



FILING FEE - \$40.00 See instructions, suggestions and procedures on following pages.


B. Amendment(s) adopted on 2/9/2010

(Indicate the method of adoption by checking (X) the appropriate choice below.)

- OR ☒ In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)
- OR ☐ In accordance with sec. 180.1003, Wis. Stats. (By the Board of Directors and Shareholders)
- OR ☐ In accordance with sec. 180.1005, Wis. Stats. (By Incorporators or Board of Directors, before issuance of shares)

C. Executed on 2/10/2009
(Date)

Title: ☒ President ☐ Secretary
or other officer title _____


(Signature)
Daniel S Kennedy
(Printed name)

This document was drafted by Daniel S Kennedy
(Name the individual who drafted the document)

INSTRUCTIONS (Ref. sec. 180.1006 Wis. Stats. for document content)

Submit one original and one exact copy to Dept. of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with a **FILING FEE of \$40.00** payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 345 W. Washington Ave., 3rd Floor, Madison WI, 53703). The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TDY.

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

INSURANCETPA.COM, 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 May 16, 1995.

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 November 5, 2010.



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.wdfi.org/apps/ccs/verify/>

Enter this code: **84195-3BB8E18F**