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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. McKnight JUL 30 2007

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cottingham & Butler 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 Stelken

(Name of Person)

Cottingham & Butler Insurance Services, Inc.

(Firm/Company)

300 Security Building

(Address)

Dubuque, IA 52001

(City/State and Zip code)

For further information concerning this matter, please call:

Sandy Stelken

(Name of Person)

at ( 563 ) 587-5520

(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. Cottingham & butler 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. Iowa**

**3. 42-0198040**

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

(FEI number, if applicable)

**4. 5/10/1933**

**5. Perpetual**

(Date of incorporation)

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

**6. 4/10/2007**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 300 Security Building Dubuque, IA 52001**

(Principal office address)

**same**

(Current mailing address)

**8. Insurance sales and service**

(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 Road**

**Plantation**

(City)

**Florida 33324**

(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)

**James M. Halpin**  
Assistant Secretary

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: David Becker

Address: 1767 Dover Court

Dubuque, IA 52003

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: David Becker

Address: 1767 Dover Court

Dubuque, IA 52003

Vice President: Christopher Patrick

Address: 844 Dorothy Kay Drive

Dubuque, IA 52003

Secretary: Brenda Hoefler

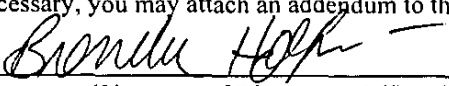
Address: 29715 New Vienna Road, New Vienna, IA 52065

Treasurer: Brenda Hoefler

Address: 29715 New Vienna Road, New Vienna, IA 52065

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**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. Brenda Hoefler, Vice President and CFO

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

# IOWA

Date: 05/24/2007

## SECRETARY OF STATE

490 DP-000009539  
COTTINGHAM & BUTLER INSURANCE SERVICES, INC.  
ATTN: STEPHANIE WISKUS  
800 MAIN ST.  
DUBUQUE, IA 52001

### CERTIFICATE OF EXISTENCE

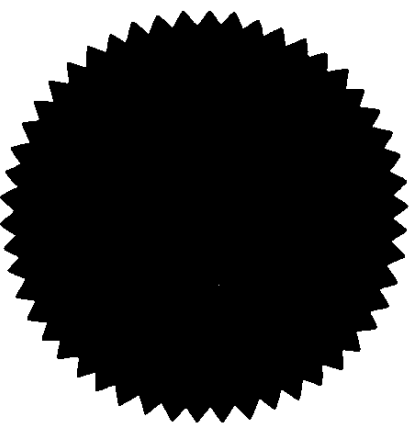
Name: COTTINGHAM & BUTLER INSURANCE SERVICES, INC.  
Date of Incorporation: 05/10/1933  
Duration: PERPETUAL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



*Michael A. Mauro*

MICHAEL A. MAURO SECRETARY OF STATE



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