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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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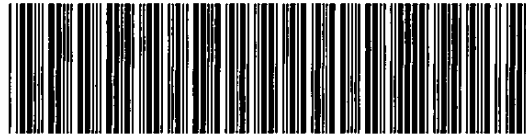
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

10/23/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TAS Insurance Group, 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:

Thomas G. DeOrio

(Name of Person)

TAS Insurance Group, Inc.

(Firm/Company)

216 NE Chipman Road

(Address)

Lee's Summit, MO 64063

(City/State and Zip code)

For further information concerning this matter, please call:

Paula Brennan

(Name of Person)

at (816) 554-8162

(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. **TAS Insurance Group, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TAS Insurance Agency Group

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

2. **Missouri**

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

3. **43-1807622**

(FEI number, if applicable)

4. **8/29/97**

(Date of incorporation)

5. _____

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

6. **10/01/2007**

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

7. **216 NE Chipman Road Lee's Summit, MO 64063**

(Principal office address)

216 NE Chipman Road Lee's Summit, MO 64063

(Current mailing address)

8. **employee working in Florida out of home**

(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 FL

(City)

, Florida **33324**

(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.

See attached

(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: Bruce Plankinton

Address: 14926 Highway 9
Breckenridge, CO80424

Vice Chairman: _____

Address: _____

Director: Charles Wear

Address: 12423 Banyan Road
North Palm Beach, FL 33408

Director: Tad DeOrio

Address: 5629 NE Northgate Crossing
Lee's Summit, MO 64064

B. OFFICERS

President: Tad DeOrio

Address: 5629 NE Northgate Crossing
Lee's Summit, MO 64064

Vice President: Charles Wear

Address: 12423 Banyan Road
North Palm Beach, FL 33408

Secretary: Charles Wear

Address: 12423 Banyan Road North Palm Beach, FL 33408

Treasurer: Tad DeOrio

Address: 5629 NE Northgate Crossing Lee's Summit, MO 64064

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. Thomas G. DeOrio

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

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ACCEPTANCE OF APPOINTMENT

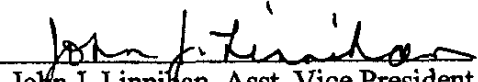
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TALLAHASSEE, FLORIDA

RE: **TAS Insurance Group, Inc.**

Pursuant to Section 607.1503, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions in the state Florida.

Dated: October 10, 2007

C T CORPORATION SYSTEM

By 
John J. Linnihan, Asst. Vice President

The verification address on the Certificate of Good Standing has been changed:

You can verify the certificate of good standing by visiting the Missouri Secretary of State's office at:

<https://www.sos.mo.gov/BusinessEntity/soskb/Verify.asp>

STATE OF MISSOURI



Robin Carnahan
Secretary of State

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TALLAHASSEE, FLORIDA

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TAS INSURANCE GROUP, INC.
00445378

was created under the laws of this State on the 29th day of August, 1997, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 9th day of October, 2007

Robin Carnahan

Secretary of State

