

FOB000002716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500131226715

06/17/08--01021--018 **75.00

FILED

2008 JUN 17 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 18 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SurePayroll Insurance Agency, 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:

Steve Kania

(Name of Person)

SurePayroll Insurance Agency, Inc.

(Firm/Company)

Ravine
2350 ~~Bowling~~ Way, Suite 100

(Address)

Glenview, Illinois 60025

(City/State and Zip code)

For further information concerning this matter, please call:

Steve Kania

at (847) 676-8420

(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. SurePayroll Insurance Agency, 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. Delaware 3. 26-2477181
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/18/2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2350 Ravine Way, Suite 100, Glenview, Illinois 60025
(Principal office address)
- _____
(Current mailing address)
8. The business of insurance functioning as 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: NRAI Services, Inc.
- Office Address: 2731 Executive Park Dr., Ste 4
Weston, Florida 33331
(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.

NRAI Services, Inc.



(Registered agent's signature) Patricia Torres, 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN 17 PM 4: 25

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael Alter

Address: 2350 Ravine Way, Suite 100, Glenview, IL 60025

Director: _____

Address: _____

B. OFFICERS

President: Michael Alter

Address: _____

Vice President: _____

Address: _____

Secretary: Kim Stuart

Address: 2350 Ravine Way, Suite 100, Glenview, IL 60025

Treasurer: Kim Stuart

Address: 2350 Ravine Way, Suite 100, Glenview, IL 60025

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael P. Alter
(Signature of Director or Officer listed in number 12 of the application)

14. Michael Alter, President
(Typed or printed name and capacity of person signing application)

FILED
2000 JUN 17 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUREPAYROLL INSURANCE AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D. 2008.

2008 JUN 17 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

4535933 8300

080609991

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6637611

DATE: 06-05-08