

F08000004092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

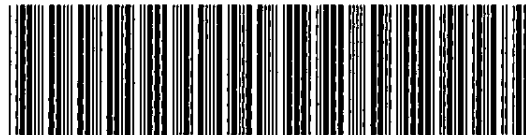
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000135967130

09/18/08--01051--008 **78.75

FILED
2008 SEP 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Collector's Insurance Agency, Inc.
4040 W. 70th Street
Edina, MN 55435

State of Florida
FL Reg Section Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: Collector's Insurance Agency, Inc.

To Whom It May Concern:

Enclosed you will find our completed application.

If you have any questions regarding this application, please contact:

Jennifer Cleveland
ACA International
Phone: (952) 928-8000 x 237
Email: cleveland@acainternational.org

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Collector's 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:

Janis St. Martin

(Name of Person)

Collector's Insurance Agency, Inc.

(Firm/Company)

4040 W. 70th Street

(Address)

Edina, MN 55435

(City/State and Zip code)

For further information concerning this matter, please call:

Janis St. Martin

(Name of Person)

at (952) 928-8000 ext. 230
(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. Collector's Insurance Agency, Incorporated
(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. Minnesota 3. 41-1749855
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/29/1993 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4040 W. 70th Street, Edina, MN 55435
(Principal office address)

4040 W. 70th Street, Edina, MN 55435
(Current mailing address)

8. Insurance (Non-resident agency - Property-Casualty)
(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, 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 duty and I am familiar with and accept the obligations of my position as registered agent.

Jeanne Nelson
(Registered agent's signature)

Jeanne Nelson
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this on the Department of State, by the Secretary of State or other official having custody of corporate records in the under the law of which it is incorporated.

2008-SEP-18-PM-4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Janis St. Martin

Address: 4040 W, 70th Street, Edina, MN 55435

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: Janis St. Martin

Address: 4040 W, 70th Street, Edina, MN 55435

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. Janis St. Martin, Administrative Vice President

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

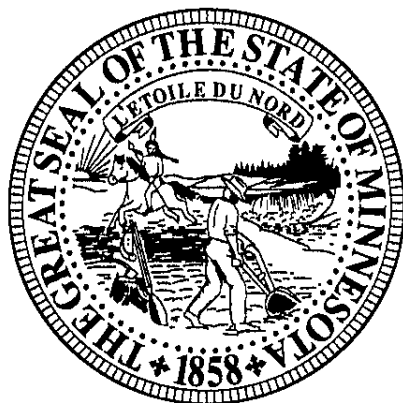
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: COLLECTOR'S INSURANCE AGENCY, INCORPORATED

Date Formed: 03/29/1993

Chapter Governed By: 302A

This certificate has been issued on 09/04/08.



Mark Ritchie
Secretary of State.