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Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE

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TO:	New Filing S Division of C						
SUB.	JECT:	Ace Insur	ance Agen	ey, Inc.			
				must include suffix	x)		
Dear	Sir or Madam:						
"Certi		eation by Foreign Corporation and check are submorida.					
Please	return all corre	espondence concerning th	is matter to	the following:			
			Traci Hous Name of Po			-	
			Name of Po	ason)			
		ILSA					
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		111 N	I. Railroad		——₹s	<u> </u>	
			(Address	s)	LLCF	3	-11
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For fu	rther informatio	on concerning this matter	, please call	:	E FLORI	-0CJ-Ю Р-3 53	D
	Traci Houst	on at (254	729-6247	DA A	i Ci	
(Name of Person)				hone 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			
Enclo	sed is a check fo	or the following amount:					
\$70	0.00 Filing Fcc	\$78.75 Filing Fee Certificate of Sta		78.75 Filing Fcc & Certified Copy	\$87.50 F Certific Certifie	ate of S	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2008

TRACI HOUSTON ILSA 111 N. RAILROAD ST GROESBECK, TX 76642

SUBJECT: ACE INSURANCE AGENCY, INC.

Ref. Number: W08000040249

We have received your document for ACE INSURANCE AGENCY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

The registered agent must sign accepting the designation.

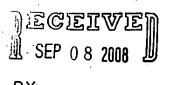
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 508A00047931





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2008

TRACI HOUSTON ILSA 111 N RAILROAD ST GROESBECK, TX 76642

SUBJECT: ACE INSURANCE AGENCY, INC.

Ref. Number: W08000040249

We have received your document for ACE INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

I am so sorry for failing to mention this in my first letter. I completely overlooked the Florida corporation when I check the name for availability.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 908A00051601

Diane Cushing
Document Specialist Supervisor

inisian of Compositions D.O. DOV 6997 Wellaharras Elevida 9991

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.	Ace Insurance Agency, Inc.					
(Enter name of o	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,""	COMPANY," "CORPORAT	TON,"		
шо., со., с	my co, or corp.					
Ace 1	Retail Insuran	ce	Agency,1	nc_		
(If name unavail	lable in Florida, enter alternate corporate na	une ado	pled for the purpose of transs	ecting busi	ness in F	lorida)
2	Illinois	_3	363108623			
2. State or country under the law of which it is incorporated) (FE				applicable)	
4. Jan	uary 2, 1981	<i>5</i> .	Perpetual			
	e of incorporation)	a	duration; Year corp. will coa	se to exist	от "ретр	etual")
6. Upon Qualifi	cation					
	(Date first transacted busine		orida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	7.1302,	, F.S., to determine penalty to	ionny		
7	2200 Kensington Ct, Oak Bro			·		
	(Principal office	address	3)	₹,	7	
2:	200 Kensington Ct, Oak Brook, IL 6		· · · · · · · · · · · · · · · · · · ·	. Fë	2008	— <u></u>
	(Current mailing	address	s)	ARE1	8	1]
•	Sell property/casualty and	l other	incurance to the hardwa	TO 1600 1	in dis etts	, [
8. Purpose(s	s) of corporation authorized in home state of	a comi	ry to be carried out in state of	FIGURE		-m
` • `	-)]	ס	D
9. Name and street	et address of Florida registered agent: (P.O. E	sox NOT acceptable)	200	رب ب	,
Name:	Corporation Service Company			A	نین	
Office Address:	1201 Hays Street	. <u> </u>	_			
	Tallahassee		_, Florida <u>32301</u>			
	(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.

(Registered agent's signature)
William M. Edrington, Authorized Representative

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:			
Address:	 	···-	
Vice Chairman:			······································
Address:			
Director: Ray A. Griffith			
Address: 2200 Kensington Ct, Oak Brook, IL 60523			
Director:			
Address:		 	
B. OFFICERS			
President: Dorvin Lively	₽S	7	
Address: 2200 Kensington Ct, Oak Brook, IL 60523	CRE-	33 23—	TI
	TAR ASS	· -	· ·
Vice President: Arthur McGivern		0 -T) -	_ III _
Address: 2200 Kensington Ct, Oak Brook, IL 60523	RST≱	ِ سِي	
	_	<u>5</u> 3	
Secretary: Arthur McGivern	·		·.
Address: 2200 Kensington Ct, Oak Brook, IL 60523			
Treasurer: Peter Ting			
Address: 2200 Kensington Ct. Oak Brook, IL 60523			
NOTE IS		_	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or d	lirector	s.
13. (Signature of Director or Officer listed in number 12 of the application	n)		· · · · · · · · · · · · · · · · · · ·
14. Dorvin Lively- President	-		
(Typed or printed name and capacity of person signing application)	hi.	·	

File Number 5225-605-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ACE INSURANCE AGENCY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION SECT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, A TAXES, A TIME DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE ILLINOIS.



my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of **SEPTEMBER** A.D.2008



Authentication #: 0826200820 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE