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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

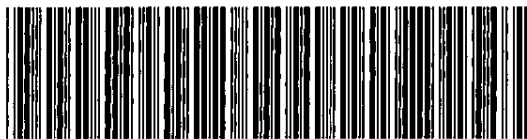
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 15 2009
D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Agents Insurance Service of Ohio, 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:

Terry Morrison
(Name of Person)

Agents Insurance Service of Ohio, Inc.
(Firm/Company)

6900-29 Daniels Parkway Suite 347
(Address)

Ft Myers, FL 33912
(City/State and Zip code)

For further information concerning this matter, please call:

Terry Morrison at (419) 733-7337
(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. Agents Insurance Service of Ohio, Inc.

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

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

2. Ohio 3. 34-1097394
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-2-84 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12-1-08
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10390 Washington Palm Way #4436, Ft Myers FL 33912
(Principal office address)

6900-29 Daniels Parkway Suite 347, Ft Myers FL 33912
(Current mailing address)

8. Conduct business as insurance broker & engage in any other lawful activity
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

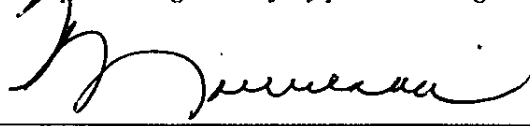
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Terrence Morrison

Office Address: 6900-29 Daniels Parkway Suite 347
Ft Myers, Florida 33912
(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)

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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Terrence Morrison

Address: 10390 Washington Palm Way #4436
Ft. Myers, FL 33912

Vice President: Lynn Morrison

Address: 10390 Washington Palm Way #4436
Ft Myers FL 33912

Secretary: Terrence Morrison

Address: 10390 Washington Palm Way #4436, Ft Myers FL 33912

Treasurer: Lynn Morrison

Address: 10390 Washington Palm Way #4436, Ft Myers FL 33912

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

13. X 

(Signature of Director or Officer listed in number 12 of the application)

14. Terrence Morrison

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

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AGENTS INSURANCE SERVICE OF OHIO, INC., an Ohio corporation, Charter No. 632854, having its principal location in St Marys, County of Auglaize, was incorporated on April 02, 1984 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 26th day of November, A.D. 2008*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State

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TALLAHASSEE, FLORIDA