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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2009
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SUA INSURANCE SERVICES, 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:

Michael Gooding

(Name of Person)

SUA Insurance Company

(Firm/Company)

222 S. Riverside Plaza, Suite 1600

(Address)

Chicago, IL 60606

(City/State and Zip code)

For further information concerning this matter, please call:

Michael Gooding

(Name of Person)

at (312) 277-1651

(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. SUA INSURANCE SERVICES, 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

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

3. 26-4215906

(FEI number, if applicable)

4. 02/09/2009

(Date of incorporation)

5. perpetual

(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. 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

(Principal office address)

222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized

(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: **Jeffrey Beason**

Office Address: **101 Southhall Lane Suite 365**

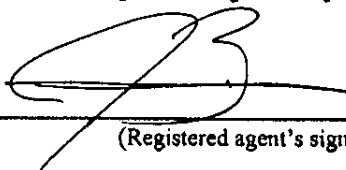
Maitland, Florida **32751**

(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.

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TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

Chairman: Courtney C. Smith

Address: 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Peter E. Jokiel

Address: 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

Director: Scott W. Goodreau

Address: 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

B. OFFICERS

President: Daniel A. Cacchione

Address: 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

Vice President: _____

Address: _____

Secretary: Scott W. Goodreau

Address: 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

Treasurer: Peter E. Jokiel

Address: 222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

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. Scott W. Goodreau, Secretary

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

SUA INSURANCE SERVICES, INC.

A Delaware Corporation

As of 3/6/09

<u>Directors</u>	<u>Address</u>
Plaza, Suite 1600, Chicago, IL 60606	
Peter E. Jokiel	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Scott W. Goodreau	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

<u>Officers</u>	<u>Title</u>	<u>Address</u>
Daniel A. Cacchione	President	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Scott W. Goodreau	Secretary	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Peter E. Jokiel	Treasurer	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUA INSURANCE SERVICES, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUA INSURANCE SERVICES, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUTHENTICATION: 7161192

DATE: 02-27-09