

F09000002390

(Requestor's Name)

**JOHN D. HATCH, P.C.**

1267 BERKSHIRE LN, SUITE 200  
TARPON SPRINGS, FL 34688

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

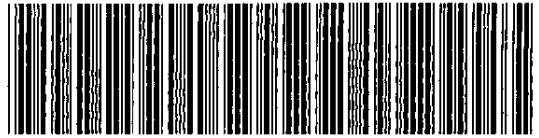
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/15/09--01018--006 \*\*78.75

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**KENNEDY LICENSING SERVICE, INC.**

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**\*\*\* PROMPT ATTENTION REQUESTED \*\*\***

5/28/2009

Corp. Div.  
FL Secy. of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **MEDEX Insurance Services, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,  
Kennedy Licensing Service, Inc.

***Hailey Overby***

Hailey Overby  
Initial Licg. Spec.  
Email: [hoverby@kennedylicensing.com](mailto:hoverby@kennedylicensing.com)

cc: MEDEX Insurance Services, Inc.  
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup., Cert. G.S., Ofcr & dir list

**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. **MEDEX 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. **Maryland**

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

3. **52-2178531**

(FEI number, if applicable)

4. **06/04/1999**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Filing**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **8501 LaSalle Rd. Ste 200 Towson, MD 2128**

(Principal office address)

**P.O. Box 19056 Baltimore, MD 21284**

(Current mailing address)

8. **Nonresident Insurance Agency Sales & Services**

(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: **John D. Hatch, Esquire**

Office Address: **1267 Berkshire Lane Suite 200**

**Tarpon Springs**

(City)

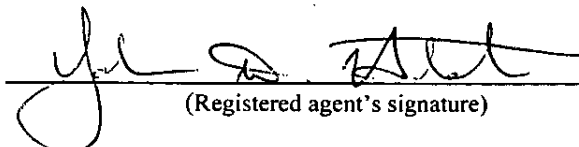
, Florida **34688**

(Zip code)

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

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**A. DIRECTORS**

Chairman: see attached

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: see attached

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

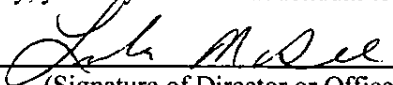
Secretary: \_\_\_\_\_

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. Linda McGee, President  
(Typed or printed name and capacity of person signing application)

**MEDEX Insurance Services, Inc.**  
**OFFICERS AND DIRECTORS**

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MEDEX Global Group  
100 % Ownership  
8501 La Salle Rd, Ste 200  
Towson, MD 21286

Linda McGee  
President, Secretary, Director  
316 Cherry Tree Ct.  
Forest Hill, MD 21050

Bruce Kirby  
Vice President  
6116 Medora Rd.  
Lithicum, MD 21090

Ronald Varlotta  
Treasurer  
9771 Diversified Lane  
Ellicott City, MD 21042

Business Address for all:  
8501 LaSalle Rd. Ste 200  
Towson, MD 21286

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

MAY 26 2009

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MEDEX INSURANCE SERVICES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 19, 2009.

*Paul B. Anderson*

Paul B. Anderson  
Charter Division



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED