# F0900003147

(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT I	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	



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08/06/09--01045--003 \*\*70.00

SECRETARY OF STATE TALLAHASSEE: FLORID)

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111 N. Railroad St P.O. Box 390 Groosbock, TX 76642 tel: 254.729.8002 licensing4insufant6.com

August 4, 2009

Region Code 894

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

#### **Ref: Application for Certificate of Authority**

Dear Sir/Madam:

We are filing the following documents on behalf of True & Kookogey, Inc.

The items checked below are enclosed.

✓ Application for Certificate of Authority
 ✓ Check #100166 \$ 70.00
 ✓ Certificate of Good Standing
 ✓ Articles of Incorporation



Should you need anything further, please do not hesitate to contact me.

#### Please return all filed documents to my attention.

Sincerely,

#### Misty Samuels

Misty Samuels Licensing Specialist PO Box 390 111 N. Railroad Groesbeck, TX 76642 Ph: 254\*729\*6187

Fax: 254\*729\*8069

msamuels@licensing4insurance.com

#### **COVER LETTER**

SUBJECT:	True & Kookogey	. Inc.	
· · · · · · · · · · · · · · · · · · ·		n - must include suffix)	
Dear Sir or Madam:			
	n by Foreign Corporation for and check are submitted to r		
Please return all correspo	ndence concerning this matter	to the following:	
	Misty Sa		
	(Name of	Person)	
	Insurance Licensing Se	ervices of America, Inc	
	(Firm/Co	mpany)	
	111 N. Railroa	ad	
	(Addr		
	Groesbeck	ς, ΤΧ 76642	
	· · · · · · · · · · · · · · · · · · ·	and Zip code)	
For further information of Misty Samuels (Name of Person	at ( 254 (Area 0	all:  ) 729-6187 Code & Daytime Telepho	ne Number)
·	,		, , , , , , , , , , , , , , , , , , ,
STREET/COUR New Filing Section Division of Corporation Building 2661 Executive Control Tallahassee, FL	orations Center Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassec, FL	tion porations
Enclosed is a check for th	e 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.	True & Kool	koge	y, inc.				
	(Enter name of corporation; must include "INCORPORATE	D,"	"COMPANY," "CORPC	RATION,"			
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	(If name unavailable in Florida, enter alternate corporate nar	ne ad	lopted for the purpose of t	ransacting bu	sines	ss in Flo	rida)
2.	. NJ	3.	2224728	21			
	. NJ (State or country under the law of which it is incorporated)		(FEI number	er, if applicab	le)		<u></u>
4.	10/13/1983	5.	Perpetual				
	(Date of incorporation)		Duration: Year corp. wil	l cease to exis	t or '	'perpeti	ıal")
6.							
υ.	. (Date first transacted busines	s in F	Florida, if prior to registra	tion)			
	(SEE SECTIONS 607.1501 & 607						
7.	325 North Avenue East	, Wε	estfield, NJ 07090				
	(Principal office a	ddres	ss)				
	325 North Avenue Eas	t, W	estfield, NJ 07090				
	(Current mailing a	-		<del></del>			<del></del>
				••			
8.	Non-Resident Insura	nce.	Agency for Profit		=		
	(Purpose(s) of corporation authorized in home state or	cour	ntry to be carried out in sta	ate of Florida)		600	
Ω	. Name and street address of Florida registered agent: (F	20.1	Pov. NOT aggentable)		₽Ř	AUG-6	****
7.	. Name and street address of Florida registered agent. (1	. <b>U</b> . 1	Box <u>NOT</u> acceptable)	; ?	SE	G	Paradays Autograps
	Name: Corporation Service Compan	ıy	<del></del>	ר ר	7 7 7 7 7 7		2
$\cap$	office Address: 1201 Hays Street			, , , , , , , , , , , , , , , , , , ,	F STAT	PM 2:22	استحاد
<b>.</b>				5	ZZ.	Ņ	,
			, Florida <u>32301</u>		· F	22	
	(City)		(Zip code	2)			

#### 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 scent's signature)

(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:
Address:
Director:
Address:
B. OFFICERS
President: Thomas M True
Address: 9 Cobblestone Lane, Annandale, NJ 08801
Vice President:
Address:
Scoretary:
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. Thomas M True, President

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

## STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

#### TRUE & KOOKOGEY, INC.

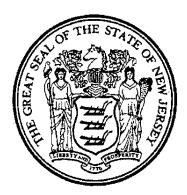
0100208643

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 13, 1983.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Thomas M. True 325 North Avenue East Westfield, NJ 07091



Certification# 114952899

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of July, 2009

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp