

FD9000003567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

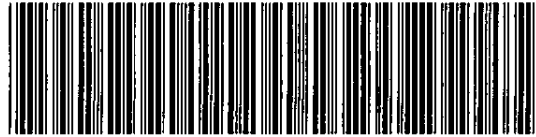
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/13/09--01026--004 **78.75

MRD
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09 SEP -2 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11109-36851

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fisk Corporation dba John W. Fisk Company
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:

John Fisk
Name of Person
Fisk Corporation dba John W. Fisk Company
Firm/Company
4833 Conti Street, Suite 200
Address
New Orleans, La. 70119
City/State and Zip code
insure@jwfisk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John T. Fisk at (504) 486-5411
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2009

JOHN FISK
FISK CORPORATION
4833 CONTI STREET, SUITE 200
NEW ORLEANS, LA 70119

SUBJECT: FISK CORPORATION
Ref. Number: W09000036851



We have received your document for FISK CORPORATION and your check(s) totaling \$78.75. 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.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

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DIVISION OF CORPORATION

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 009A00027732

9/1/09 -

See attached information requested

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. Fisk Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. John W. Fisk Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. Louisiana
(State or country under the law of which it is incorporated)
4. 72-0689560
(FEI number, if applicable)
5. 10/22/1969
(Date of incorporation)
6. perpetual
(Duration: Your corp. will cease to exist or "perpetual")
7. 4833 Conti Street, Ste. 200, New Orleans, La. 70119
(Principal office address)
8. 4833 Conti St., Ste. 200, New Orleans, La. 70119
(Current mailing address)
9. Insurance Sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
10. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CorpDirect Agentsd Inc.
- Office Address: 515 East Park Avenue
- Tallahassee, Florida 32301
(City) (Zip code)
11. 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.
- Kati Womack, Asst. Sec.
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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Chairman: _____ 09 SEP -2 PM 4:42

Address: _____ SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John T. Fisk

Address: 4833 Conti Street, Ste. 200
N.O., La. 70119

Vice President: _____

Address: _____

Secretary: CONNIE A. SMITH

Address: 25353 TRAINO RD PANCHATOULA, LA. 70651

Treasurer: _____

Address: _____

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN T. FISK, PRES.
(Typed or printed name and capacity of person signing application)

United States of America State of Louisiana



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

As Secretary of State, Jay Dardenne, I do hereby Certify that

THE FISK CORPORATION

A corporation domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on
October 22, 1969,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
September 3, 2009

Secretary of State
28805330D



Certificate ID: 20090903002554

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.
www.sos.louisiana.gov