

FO9000004092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

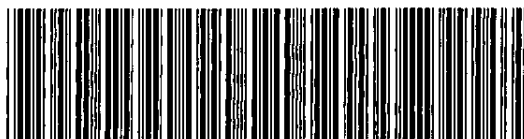
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/09--01020--004 **70.00

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gf 10/16/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CONSUMERS DIRECT 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," or "Certificate of Good Standing" 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:

JOSEPH S. KAYNE

Name of Person

HARDT, STERN & KAYNE, P.C.

Firm/Company

2610 LAKE COOK ROAD, SUITE 200

Address

RIVERWOODS, IL 60015

City/State and Zip code

JKAYNE@HARDTSTERN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH S. KAYNE

Name of Person

at (847) 597-2150

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 Cop ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. CONSUMERS DIRECT 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. ILLINOIS 3. 26-1360648
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/06/2007 5. PERPETUAL
(Date of incorporation) (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. 2610 LAKE COOK ROAD, SUITE 260, RIVERWOODS, ILLINOIS 60015
(Principal office address)

2610 LAKE COOK ROAD, SUITE 260, RIVERWOODS, ILLINOIS 60015
(Current mailing address)

8. INSURANCE SALES AND BROKERAGE
(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: INCorp SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE, Florida 33470
(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.

 Janice Gull on behalf of Incorp Services, Inc.
(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: _____

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Address: _____

Vice Chairman: _____

Address: _____

Director: SCOTT LOOCHTAN

Address: 2610 LAKE COOK ROAD, SUITE 260, RIVERWOODS, ILLINOIS 60015

Director: _____

Address: _____

B. OFFICERS

President: SCOTT LOOCHTAN

Address: 2610 LAKE COOK ROAD, SUITE 260, RIVERWOODS, ILLINOIS 60015

Vice President: _____

Address: _____

Secretary: SCOTT LOOCHTAN

Address: 2610 LAKE COOK ROAD, SUITE 260, RIVERWOODS, ILLINOIS 60015

Treasurer: _____

Address: _____

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

13. _____, Pres.

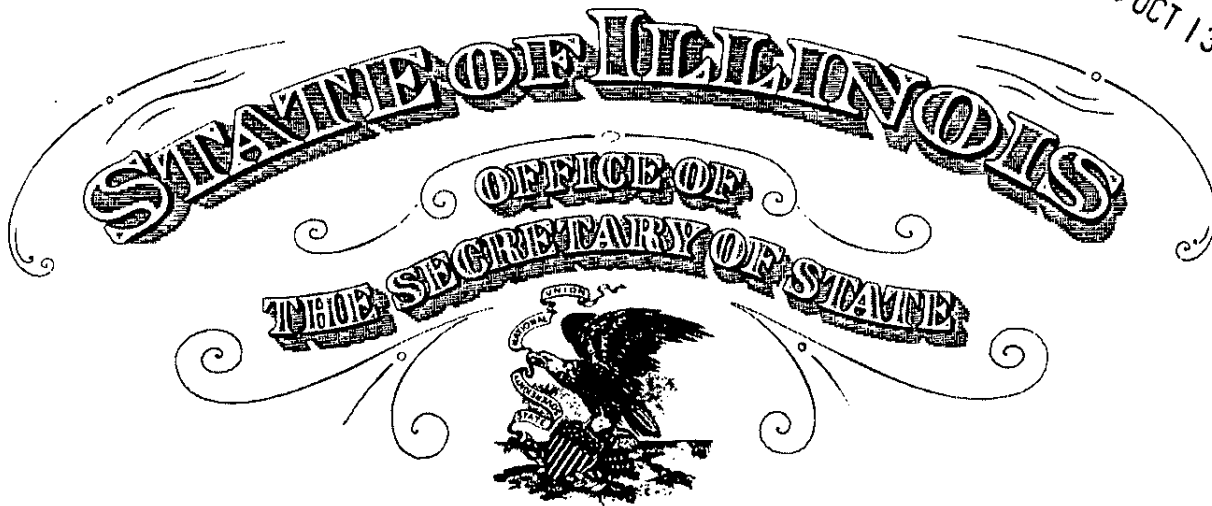
(Signature of Director or Officer listed in number 12 of the application)

14. SCOTT LOOCHTAN, PRESIDENT

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

File Number 6635-347-8

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CONSUMERS DIRECT INSURANCE SERVICES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0924601644

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of SEPTEMBER A.D. 2009

Jesse White

SECRETARY OF STATE