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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: ANDREW JOHNSON & A	SSOCIATES	AGENCY INC.	
Name	of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	e of Good Star	nding" and check are subn	
Please return all correspondence concern	ing this matte	r to the following:	
	JAMES PA	CHELL	
	Name of	Person	
PACH	ELL & ASSO	CIATES CO LPA	
	Firm/Con	npany	
525 N CI	LEVELAND-M	ASSILLON ROAD	
	Addr	ess	
	AKRON OH	44333	
	City/State a	and Zip code	
coopach@brightd	sl.net		
E-mail addres	s: (to be used	for future annual report no	otification)
For further information concerning this r	natter, please	call:	
JAMES PACHELL	at (330) 666-3777	
Name of Person		Code & Daytime Telepho	ne Number
STREET/COURIER ADDRES New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclosed is a check for the following am	ount:		
□ \$70.00 Filing Fee □ \$78.75 Filin Certificate		□ \$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.

' ·	INSON & ASSOCIATES AGENCY INC orporation; must include "INCORPORAT		" "COMBANIV " "CODDODATION"		
	orp," "Inc," "Co," or "Corp.")	БIJ,	COMPANY, CORPORATION,		
(If name unavails	able in Florida, enter alternate corporate na	ime	adopted for the purpose of transacting busine	ss in Florid	a)
	ОНЮ	3.	31-1174823		
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		
JUNE 1	, 1986	5.	PERPETUAL		
(Date	of incorporation)		PERPETUAL (Duration: Year corp. will cease to exist or	"perpetual"	")
i.					
	`		n Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 60	7.15	502, F.S., to determine penalty liability)		
120	30 SABAL DUNES LANE, FT MYER	<u>s,</u>	FL 33913		_
	(Principal office	add	ress)	RE	96
1203	O SABAL DUNES LANE, FT MYERS,	FL	33913	FR)30EC
	(Current mailing	add	ress)	SS A	<u></u>
				E C	张
·	ES AND MARKETING OF LIFE INSUF				
(Purpose(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	FLORIDA	. ენ
. Name and stree	et address of Florida registered agent:	(P.C). Box <u>NOT</u> acceptable)	≯'``	U
Name:	ANDREW JOHNSON				
Name.					
Office Address:	12030 SABAL DUNES LANE				
	FT MYERS		, Florida <u>33913</u>		
	(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.



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



A. DIRECTORS

Chairman:	09 DEC 14 AM 7: 56
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ANDREW JOHNSON	
Address: 12030 SABAL DUNES LANE	
FT MYERS FL 33913	
Vice President:	
Address:	<u> </u>
Secretary: GLENDA JOHNSON	
Address: 12030 SABAL DUNES LANE, FT MYERS, FL 33913	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing. (Signature of Director or Officer listed in number 1)	
4. ANDREW JOHNSON, PRESIDENT	

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

United States of America State of Ohio

APPHOVEE 09 DEC 14 AM 7:56

Office of the Secretary of State CRETARY OF STATE TALLAHASSEE, FLORIDA

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ANDREW JOHNSON & ASSOCIATES AGENCY, INC., an Ohio corporation, Charter No. 679383, having its principal location in Columbus, County of Franklin, was incorporated on June 06, 1986 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of December, A.D. 2009

Ohio Secretary of State

Validation Number: V2009338D8F110