

(Re	equestor's Name)	
`	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number	,
Certified Copies	_ Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



400163933794

12/30/09--01027--011 **70.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

MD 1/7/2018



111 N. Raircad St.
P.O. Box 390
Groesbeck, TX 76642
tel. 254.729.8002
icensing4insurance.com

December 28, 2009

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

Dear Sir/Madam:

Ref: Application for Certificate of Authority

We are filing the following documents on behalf of Rosol Agency, Inc.

The items checked below are enclosed.

Application for Certificate of Authority
Check #105416 i/a/o \$70.00

Certificate of Good Standing

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

Please return all filed documents to my attention.

Sincerely,

Debbie McLain

Compliance Specialist

P.O. Box 390

111 N. Railroad St.

Groesbeck, TX 76642

Ph: 254-729-6129

Fax: 254-729-8069 dmclain@ilsainc.com

cc: 713\CQ\7511



COVER LETTER

TO:	New Filing Se Division of Co			
SUBJ	ECT:	Rosol Agen	ev. Inc.	
		(Name of cor	rporation - must include suffi	x)
Dear S	ir or Madam:			
"Certif		ce," and check are submit	ion for Authorization to Tran ted to register the above refer	
Please	return all corres	pondence concerning this	matter to the following:	
			raci Houston Jame of Person)	
		`	,	_
			sing Services of America,	Inc
		(F	irm/Company)	
		111 N.	Railroad	4
			(Address)	
		Gra	oesbeck, TX 76642	
		(City	//State and Zip code)	
For fur		n concerning this matter, p		
	Traci Housto (Name of Pers		254) 729-6157 (Area Code & Daytime Tele	nhone Number)
	(realite of Fere		(Med code & Baytime Tele	priorie (varioci)
	New Filing Se Division of Co Clifton Buildin	orporations ng e Center Circle	New Filing	Corporations 327
Enclos	ed is a check for	the following amount:		•
\$ 70.	.00 Filing Fee	\$78.75 Filing Fee & Certificate of State		\$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.		enc	y, Inc.	<u> </u>		
	(Enter name of corporation; must include "INCORPORATI" lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	DEC 30		
	(If name unavailable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in F	lorida		
2.	NY (State or country under the law of which it is incorporated)	3.	132855654	ن		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	04/27/1976	5.	Perpetual			
	(Date of incorporation)		Perpetual (Duration: Year corp. will cease to exist or "perpet	tual")		
6.						
	(Date first transacted busine		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
_	·					
7.	7. 625 Fifth Ave, Pelham, NY 10803 (Principal office address)					
	•		,			
	625 Fifth Ave, Pelham, NY 10803					
	(Current mailing	add	ress)			
8.	Non-Resident Insura	Non-Resident Insurance Agency for Profit				
	(Purpose(s) of corporation authorized in home state of	rcc	ountry to be carried out in state of Florida)			
9.	Name and street address of Florida registered agent: (P.C	D. Box NOT acceptable)			
	Name: Corporation Service Compa	ny	<u></u>			
o	ffice Address: 1201 Hays Street		<u></u>			
	Tallahassee		, Florida_32301			
	(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)

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. DIR	ECTORS	
Chairma	n: None	
Address:		
Vice Che	. None	DIVISI 350
VICC CITA	irman: Notic	ISION O
Address:		<u> </u>
Director:	None	·
Address:		
Director:	None	
A dalama		
Address:		
B. OFF	TICERS	
President	Joseph Solimine	
Address:	625 Fifth Ave, Pelham, NY 10803	
radicss.		
Vice Pres	sident: None	
Address:		
Secretary	None ·	
_		
Treasure	None	
Address:		
NOTE:	If necessary, you may attach at addendum to the application listing additional officers and/or directors.	
	1/17Clum / 1/	
13	(Signature of Director or Officer listed in number 12 of the application)	
1.4		
14	(Taned or printed name and canacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ROSOL ACENCY, INC. was filed on 04/27/1976, with perpetual duration, and that a children examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of chisolution, and upon such examination, no such certificate, order, or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 20th day of October two thousand and nine.



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