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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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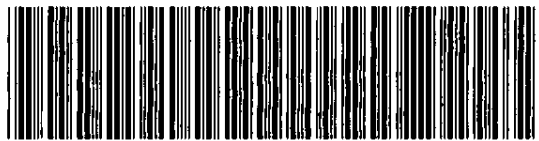
(Business Entity Name)

(Document Number)

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1/11/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Loyalty Group 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:

Debbie McLain

Name of Person

Insurance Licensing Services of America, Inc

Firm/Company

111 N. Railroad

Address

Groesbeck, TX 76642

City/State and Zip code

dmclain@ilsainc.com

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

For further information concerning this matter, please call:

Debbie McLain

Name of Person

at (254) 729-6129

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 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA..

1. Loyalty Group 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. Kentucky 3. 27-0913951
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/22/2009 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon approval
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3940 Olympic Blvd. Suite 250; Erlanger, KY 41018
(Principal office address)

3940 Olympic Blvd. Suite 250; Erlanger, KY 41018
(Current mailing address)

8. Insurance Sales
(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: CT Corporation System

Office Address: 1200 South Pine Island Road, c/o C T Corporation System

Plantation , Florida 33324
(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 position as registered agent.

William Stanley Mark Hallary, Reg. Sec.
(Registered agent's signature)

I 1. 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: Nobuyuki Minowa

Address: 3940 Olympic Blvd. Suite 250; Erlanger, KY 41018

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Yoshiyuki Ishimaru

Address: 3940 Olympic Blvd. Suite 250; Erlanger, KY 41018

Vice President: Toshinori Hayashi and Michael W. Elkins

Address: 3940 Olympic Blvd. Suite 250; Erlanger, KY 41018

Secretary: John A. Maria

Address: 3940 Olympic Blvd. Suite 250; Erlanger, KY 41018

Treasurer: Takumi Tsuda

Address: 3940 Olympic Blvd. Suite 250; Erlanger, KY 41018

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

13. X Michael W. Elkins
(Signature of Director or Officer listed in number 12 of the application)

14. Michael W. Elkins Vice President
(Typed or printed name and capacity of person signing application)

**Commonwealth of Kentucky
Trey Grayson, Secretary of State**

Trey Grayson
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 90250

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LOYALTY GROUP INSURANCE SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 22, 2009 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 15th day of December, 2009, in the 217th year of the Commonwealth.



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
90250/0744209

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