

F10000000780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

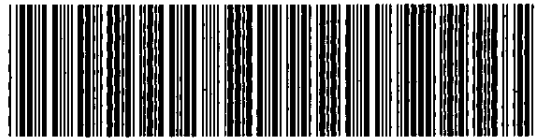
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600163768856

02/15/10--01031--022 **2357.50

FILED
10 FEB 15 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Neace & Associates Insurance Agency of Ohio, 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:

Kris Diebold
Name of Person
Neace & Associates Insurance Agency of Ohio, Inc.
Firm/Company
2305 River Rd.
Address
Louisville, KY 40206
City/State and Zip code
kris.diebold@neacelukens.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Diebold at (502) 259-9240
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

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. Neace & Associates Insurance Agency of Ohio, 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. Ohio 3. 31-1328852
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/11/1991 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202
(Principal office address)

(Current mailing address)

8. Insurance Agency
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

FILED
10 FEB 15 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System
By: Ashtley Pipes - Asst. Secy
(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.

FILED

10 FEB 15 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph Lukens

Address: 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202

Vice President: Gerald Budde

Address: 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202

Secretary: Gerald Budde

Address: 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202

Treasurer: Gerald Budde

Address: 895 Central Avenue, Ste. 1100 Cincinnati, OH 45202

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

13. Gerald B. Budde
(Signature of Director or Officer listed in number 12 of the application)

14. Gerald Budde, VP/Sec/Treas
(Typed or printed name and capacity of person signing application)

United States of America
State of Ohio
Office of the Secretary of State

FILED

10 FEB 15 PM 4:27

SECRETARY 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 NEACE & ASSOCIATES INSURANCE AGENCY OF OHIO, INC., an Ohio corporation, Charter No. 797921, having its principal location in Cincinnati, County of Hamilton, was incorporated on June 11, 1991 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 10th day of February, A.D. 2010*

Jennifer Brunner

Ohio Secretary of State