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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

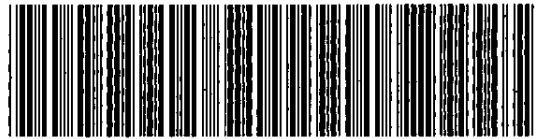
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MRB  
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## COVER LETTER

**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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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)

**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.

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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**

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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*

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State