

F10000001036

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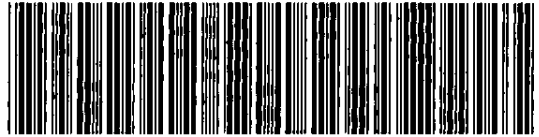
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2010

GORDON M MUMPOWER JR.  
COMMERCIAL INSURANCE MANAGERS INC  
8170 LAKE BROWN RD., SUITE 102  
ELKRIDGE, MD 21075

SUBJECT: COMMERCIAL INSURANCE MANAGERS, INC.  
Ref. Number: W10000008612

We have received your document for COMMERCIAL INSURANCE MANAGERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 910A00004212

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10 MAR - 1 PM 12:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** COMMERCIAL INSURANCE MANAGERS 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:

GORDON M MUMPOWER JR

Name of Person

COMMERCIAL INSURANCE MANAGERS INC

Firm/Company

8170 LARK BROWN ROAD SUITE 102

Address

ELKRIDGE, MD 21075

City/State and Zip code

GORDON@BUSINSURE.COM

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

For further information concerning this matter, please call:

GORDON M MUMPOWER JR at ( 410 ) 799-2142

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. COMMERCIAL INSURANCE MANAGERS 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. MARYLAND

(State or country under the law of which it is incorporated)

3. 52-1739660

(FEI number, if applicable)

4. 7/30/1991

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NA

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

7. 8170 LARK BROWN ROAD, SUITE 102, ELKRIDGE, MD 21075

(Principal office address)

8170 LARK BROWN ROAD, SUITE 102, ELKRIDGE, MD 21075

(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: CLIFFORD KISH

Office Address: 6291 BAHIA DEL MAR CIRCLE APT 212

ST PETERSBURG

(City)

, Florida 33715

(Zip code)

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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.*



(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: GORDON M MUMPOWER JR

Address: 12214 SLEEPY HORSE LANE

COLUMBIA, MD 21044

Vice Chairman: CANDICE MUMPOWER

Address: 10205 WINCOPIN CIRCLE APT 406

COLUMBIA, MD 21044

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: GORDON M MUMPOWER JR

Address: 12214 SLEEPY HORSE LANE

COLUMBIA, MD 21044

Vice President: CANDICE MUMPOWER

Address: COLUMBIA MD 21044

COLUMBIA MD 21044

Secretary: CANDICE MUMPOWER

Address: 10205 WINCOPIN CIRCLE APT 406, COLUMBIA, MD 21044

Treasurer: GORDON M MUMPOWER JR

Address: 12214 SLEEPY HORSE LANE, COLUMBIA MD 21044

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. GORDON M MUMPOWER JR, PRESIDENT


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

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COMMERCIAL INSURANCE MANAGERS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 05, 2010.



Paul B. Anderson  
Charter Division



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097