

**F10000001546**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: (See attached)

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Lemme Insurance Group, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,170.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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T. Burch MAR 31 2010

**COVER LETTER**

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

**SUBJECT:** Lemme Insurance Group, 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:

George Wood

Name of Person

Lemme Insurance Group, Inc.

Firm/Company

111 West Campbell Street, 4th Floor

Address

Arlington Heights, IL 60005

City/State and Zip code

gwood@lemme.com

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

For further information concerning this matter, please call:

George Wood

Name of Person

at ( 847 )

385-6819

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.

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1. Lemne Insurance Group, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 364223218  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 04/17/1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 111 W Campbell St., 4th Floor, Arlington Heights, IL 60005  
(Principal office address)

same  
(Current mailing address)

8. Professional Liability Insurance Brokers  
(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

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.*

By: [Signature]  
(Registered agent's signature)

Kimberly Breunling  
Assistant Secretary

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: John J. Moroney

Address: 111 W Campbell St., 4th Floor

Arlington Heights, IL 60005

Director: Mario Lemme

Address: 111 W Campbell St., 4th Floor

Arlington Heights, IL 60005

B. OFFICERS

President: John J. Moroney

Address: 111 W Campbell St., 4th Floor

Arlington Heights, IL 60005

Vice President: \_\_\_\_\_

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

Secretary: George M. Wood

Address: 111 W Campbell St., 4th Floor, Arlington Heights, IL 60005

Treasurer: Mario Lemme

Address: 111 W Campbell St., 4th Floor, Arlington Heights, IL 60005

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. John J. Moroney, President

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

**Attachment to Florida  
Officers & Directors**

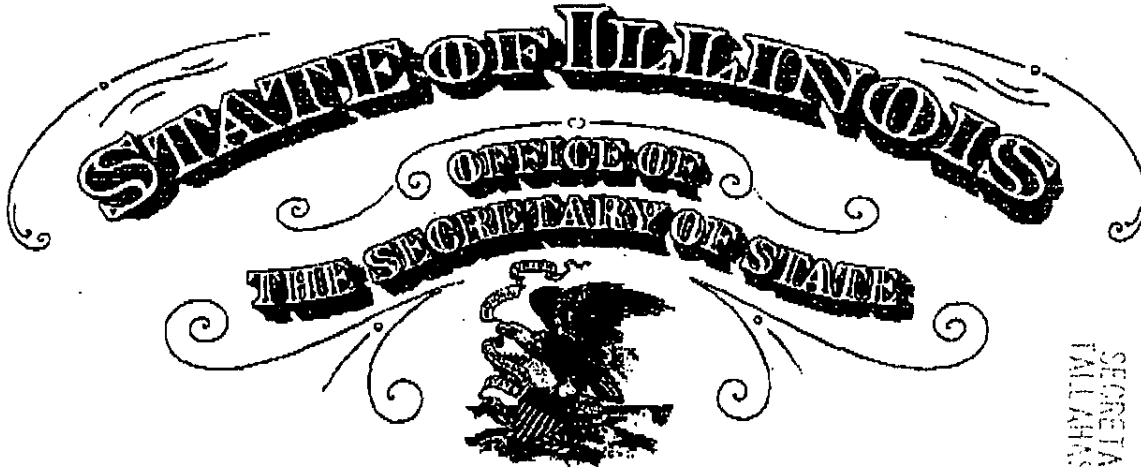
1	Full Name:	Sam S. Rudman
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	111 W Campbell St., 4th Floor
	City:	Arlington Heights
	State:	IL
	ZIP Code:	60005
2	Full Name:	John T. Hecht
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	111 W Campbell St., 4th Floor
	City:	Arlington Heights
	State:	IL
	ZIP Code:	60005

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TALLAHASSEE, FLORIDA

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LEMME INSURANCE GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 17, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of MARCH A.D. 2010

Jesse White

SECRETARY OF STATE