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W/10-15462

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: House of Insurance LTD dba Ludovissy and Associates Insurance

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:

David Ludovissy

Name of Person

House of Insurance LTD dba Ludovissy and Associates Insurance

Firm/Company

787 West Locust Street

Address

Dubuque, Iowa 52001

City/State and Zip code

dludovissy@ludovissyandassociates.com

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

For further information concerning this matter, please call:

David Ludovissy

Name of Person

at (563) 556-6661

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

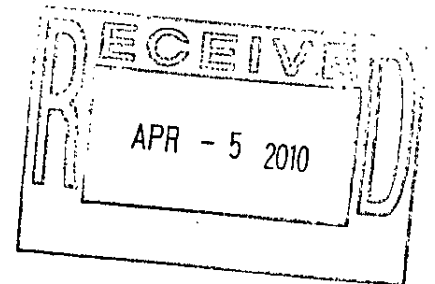


FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2010

DAVID LUDOVISY
HOUSE OF INSURANCE LTD
787 WEST LOCUST STREET
DUBUQUE, IA 52001

SUBJECT: HOUSE OF INSURANCE LTD
Ref. Number: W10000015462



We have received your document for HOUSE OF INSURANCE LTD 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 corporate name must contain a word that will clearly indicate that it is a corporation. Such words are: Corporation, Corp., Incorporated and Inc. Please remove the name from the alternate name line. The name you are wanting to file is available.

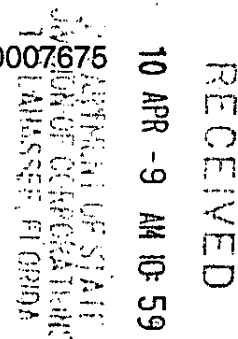
Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 010A00007675



**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. House of Insurance, LTD. ^{CORP.} dba Ludovissy and Associates
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~Ludovissy and Associates Insurance~~

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iowa 3. 42-1242461
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-11-85 5. No year that corporation will cease perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Business has not been transacted in Florida at this time
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 787 West Locust Street Dubuque, IA 52001
(Principal office address)
787 West Locust Street Dubuque, IA 52001
(Current mailing address)

8. Sell insurance
(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: John N. Leibold

Office Address: 7119 Ashland Glen

Bradenton, Florida 34202
(City) (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.

John N. Leibold
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Ludovissy

Address: 11123 Lakeview Drive Dubuque, IA 52003

Vice President: Ann Ludovissy

Address: 11123 Lakeview Drive Dubuque, IA 52003

11123 Lakeview Drive Dubuque, IA 52003

Secretary: Ann Ludovissy

Address: 11123 Lakeview Drive Dubuque, IA 52003

Treasurer: David Ludovissy

Address: 11123 Lakeview Drive Dubuque, IA 52003

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. David Ludovissy President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IOWA

SECRETARY OF STATE

Date: 3/12/2010

CERTIFICATE OF EXISTENCE

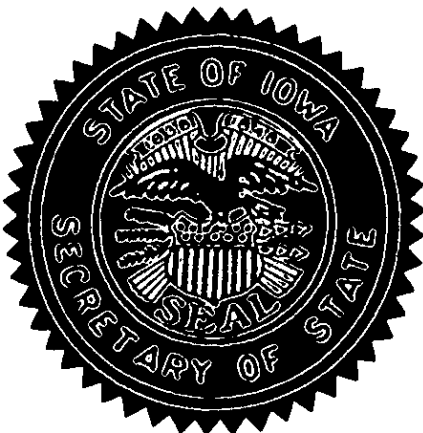
Name: HOUSE OF INSURANCE, LTD. (490 DP - 99670)

Date of Incorporation: 1/11/1985

Duration: PERPETUAL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



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