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(Business Entity Name)					
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10/20/10

COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT: Fre	edom Tower Insura	ince Agency, Inc.		
Sebater.		ration - must include suffix		
Dear Sir or Madam:	•			
"Certificate of Exist		n for Authorization to Transac Standing" and check are sub- usiness in Florida.		
Please return all corr	espondence concerning this m	natter to the following:		
Alison Klein				
	Nam	ne of Person		
Insurance Co	ompliance Center			
	Firm	/Company		
8838 Old Mo	ntgomery			
	P	Address		_
Savannah, GA	31406			
	City/St	ate and Zip code		
alison@insurar	cecompliancecenter.c			
	E-mail address: (to be u	ised for future annual report n	otification)	
For further informati	on concerning this matter, ple	ase call:		SECRETARY IIVISION OF CI OCT 18
Alison Klein	at (_91	2) 353-7013		T SAS
Name of Per		area Code & Daytime Telepho	one Number	PR 33
New Filing S Division of C Clifton Build 2661 Execut Tallahassee,	Corporations . ling ive Center Circle FL 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	<u>.</u>
Enclosed is a check f	or the following amount:			
\$70.00 Filing Fe	ee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Fill Certificate Certified 6	e of Status &

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.

(If name unava	ilable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in F	lorida)	
2. New York		3. 26-3519176		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. Sept. 30, 2		5. perpetual		
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpe	etual")	
5	·			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
3540.00	Route 5, Clinton NY 13323			
7.7540 State				
7. 7540 State	(Principal office		201	SIV.
	(Principal office e Route 5, Clinton NY 133	address)	2010 0	DISIARE
	(Principal office	address)	2010 OCT	G NOISIAIR
7540 Stat	(Principal office e Route 5, Clinton NY 133; (Current mailing	address) address)	8	PLANT WOLSTAND
7540 Stat	(Principal office e Route 5, Clinton NY 133 (Current mailing a non resident insurance ag	address) address)		CONTRACTOR STATE
7540 Stat	(Principal office e Route 5, Clinton NY 133 (Current mailing a non resident insurance ag	address) 23 address) ency r country to be carried out in state of Florida)	8	CILCALCTION SIGNOSTATE
7540 Stat	(Principal office e Route 5, Clinton NY 133) (Current mailing a non resident insurance ag (s) of corporation authorized in home state of	address) 23 address) ency r country to be carried out in state of Florida)	8	STANDER OF COLD STATE
7540 Stat 8. to act as a (Purpose 9. Name and street Name:	(Principal office e Route 5, Clinton NY 133; (Current mailing a non resident insurance ag (s) of corporation authorized in home state of eet address of Florida registered agent:	address) 23 address) ency or country to be carried out in state of Florida) (P.O. Box NOT acceptable)	18 PH 3: I	AND STONE OF HOISINIE
7540 States to act as a (Purpose	(Principal office e Route 5, Clinton NY 133; (Current mailing a non resident insurance ag (s) of corporation authorized in home state of eet address of Florida registered agent: CT Corporation System	address) 23 address) ency or country to be carried out in state of Florida) (P.O. Box NOT acceptable)	18 PH 3: I	SINVEYOR OF COLORS OF COLO

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.

Ternetl Kearnev Asst. Secretary
(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: Mary Doumin 2016 OCT 18 PM 3: 19 Address: 7540 State Route 5 Clinton, NY 13323 Vice Chairman: Address: Director: _____ **B. OFFICERS** President: Mary Doumin Address: 7540 State Route 5 Clinton, NY 13323 Vice President: Address: Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Mary Doumin

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of FREEDOM TOWER INSURANCE AGENCY, INC. was filed on 09/30/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



2010 OCT 18 PM 3: 15

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of September two thousand and ten.

First Deputy Secretary of State