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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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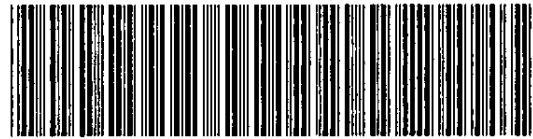
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T. Burch FEB 3 2011

341345045

649/FEC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jones & Wenner Insurance Agency 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:

Stefanie Cantu - ILSA

Name of Person

Insurance Licensing Services of America, Inc

Firm/Company

111 N. Railroad

Address

Groesbeck, TX 76642

City/State and Zip code

SCantu@ilsainc.com

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

For further information concerning this matter, please call:

Stefanie Cantu - ILSA

Name of Person

at (254) 729-6139

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 Cop ☐ \$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. **Jones & Wenner Insurance Agency 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. 341345045
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/14/1981 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3030 W Market Street Fairlawn, OH 44333; ,
(Principal office address)

3030 W Market Street Fairlawn, OH 44333; ,
(Current mailing address)

8. Non-Resident Insurance Agency for Profit
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

William M. Edrington
(Registered agent's signature)

William M. Edrington
Authorized Representative

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: 3030 W Market Street Fairlawn, OH 44333; ,

Vice Chairman: _____

Address: 3030 W Market Street Fairlawn, OH 44333; ,

Director: _____

Address: 3030 W Market Street Fairlawn, OH 44333; ,

Director: _____

Address: 3030 W Market Street Fairlawn, OH 44333; ,

B. OFFICERS

President: Robert Jones

Address: 3030 W Market Street Fairlawn, OH 44333; ,

Vice President: Gordon Wenner

Address: 3030 W Market Street Fairlawn, OH 44333; ,

Secretary: _____

Address: 3030 W Market Street Fairlawn, OH 44333; ,

Treasurer: _____

Address: 3030 W Market Street Fairlawn, OH 44333; ,

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

13. Gordon J. Wenner
(Signature of Director or Officer listed in number 12 of the application)

14. GORDON L. WENNER
(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, 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 JONES & WENNER INSURANCE AGENCY, INC., an Ohio corporation, Charter No.

581846, having its principal location in Fairlawn, County of Summit, was incorporated on September 14, 1981 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
COLUMBUS, OHIO



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 27th day of January, A.D. 2011*

Jon Husted

Ohio Secretary of State