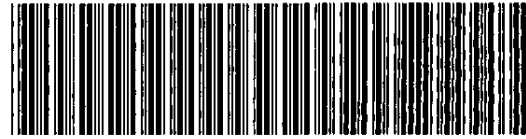


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900212274279

10/17/11--01009--013 **78.75

11/03/11--01006--003 **650.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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TALLAHASSEE FLORIDA

W11-53511

11/04/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2011

JANICE R. MINNER
114 WEST SHERMAN
HUTCHINSON, KS 67504

SUBJECT: CUSTOM HARVEST INSURANCE LTD
Ref. Number: W11000053511

We have received your document for CUSTOM HARVEST INSURANCE LTD and your check(s) totaling \$78.75. 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 use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 511A00023860

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Custom Harvest Insurance Ltd
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:

Janice R Minner
Name of Person

Custom Harvest Insurance Ltd
Firm/Company

114 West Sherman, PO Box 1069
Address

Hutchinson, KS 67504
City/State and Zip code

janice@charvest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice R Minner at (620) 259-6996
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. Custom Harvest Insurance, Ltd., Corp.
(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. Kansas 3. 54-2188709
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 05, 2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. October 22, 2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 114 West Sherman, Hutchinson, KS 67501
(Principal office address)

PO Box 1069, Hutchinson, KS 67504
(Current mailing address)

8. Insurance Agency
(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: Maribel Nunez Herrera

Office Address: 1312 New Market Road

Immokalee, Florida 34142
(City) (Zip code)

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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.

Maribel N Nunez

(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: See attached schedule

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael M Esau

Address: 1318 West 95th Ave
Hutchinson, KS 67502

Vice President: Deb Esau

Address: 1318 West 95th Ave
Hutchinson, KS 67502

Secretary: Larry B Minner

Address: 114 West Sherman, PO Box 1069, Hutchinson, KS 67504

Treasurer: Janice R Minner

Address: 114 West Sherman, PO Box 1069, Hutchinson, KS 67504

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

13. *Daniel R Minner*

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. Janice R Minner, Treasurer

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

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FALLS CHURCH, VIRGINIA

Kansas Statements

Statement 1 - Form AR, Page 2, Line 7 - Officers of the Corporation 11 NOV -3 PM 1:25

Title	Name	Address	City	ST	Zip	Country
President	Michael M Esau	1318 W 95th Ave	Hutchinson	KS	67502	US
Vice Pres	Deb Esau	1318 W 95th Ave	Hutchinson	KS	67502	US
Secretary	Larry B Minner	114 W Sherman PO Box 1069	Hutchinson	KS	67501	US
Treasurer	Janice R Minner	114 W Sherman PO Box 1069	Hutchinson	KS	67501	US

Statement 2 - Form AR, Page 2, Line 8 - Board of Directors

Name	Address	City	ST	Zip	Country
Michael M Esau	1318 W 95th Ave	Hutchinson	KS	67502	US
Deb Esau	1318 W 95th Ave	Hutchinson	KS	67502	US
Larry B Minner	114 W Sherman PO Box 1069	Hutchinson	KS	67501	US
Janice R Minner	114 W Sherman PO Box 1069	Hutchinson	KS	67501	US
Doug Minner	202 W 11th	Hutchinson	KS	67501	US
Curt Minner	621 E Ave A	Hutchinson	KS	67501	US
Matthew Esau	947 19th St SE	Rochester	MN	55904	US
Katie Esau	8912 Rosewood Drive	Prairie Village	KS	66207	US

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**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3868262

Entity Name: CUSTOM HARVEST INSURANCE, LTD.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: LARRY B MINNER

Registered Office: 114 WEST SHERMAN STREET, HUTCHINSON, KS 67501

was filed in this office on December 05, 2005, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 01, 2011

A handwritten signature in cursive script that reads 'Kris W. Kobach'.

**KRIS W. KOBACH
SECRETARY OF STATE**

11 NOV -3 PM 1:25
TALLAHASSEE, FLORIDA

Certificate ID: 488896 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.