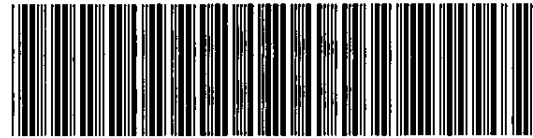


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12/19/11--01050--006 **70.00

(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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will-63418
Ds 1/30/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

4-21-2011 10:00 AM

RECEIVED

12 JAN 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 21, 2011

INSURANCE LICENSING SERVICES OF AMERICA, INC
ATTN: TRACI HOUSTON - ILSA
111 N RAILROAD
GROESBECK, TX 76642

SUBJECT: ALAN J. ZUCCARI, INC.
Ref. Number: W11000063418

We have received your document for ALAN J. ZUCCARI, INC. 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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 411A00028452

RECEIVED
DEC 27 2011
BY: 81906



Hamilton Insurance Agency

ALAN J. ZUCCARI, INC.

Tuesday, January 24, 2012


To whom it may concern:

I, Alan Zuccari give consent to the state of Florida in using the name Alan J. Zuccari in the pending application for a Certificate of Authority for Alan J. Zuccari of Florida, Inc.

I am the owner and CEO of both Alan J. Zuccari, Inc. and Alan J. Zuccari of Florida, Inc.

If you have any questions, please feel free to contact me.

Thank you,


Alan J. Zuccari

CEO/ President



P.O. Box 390
Groesbeck, TX 76642
tel: 254.729.8002
www.ilsainc.com

Fedex 2-Day

MEMORANDUM

December 15, 2011

To: Florida Department of State
From: Traci Houston - ILSA
Re: RC 1398- Alan J. Zuccari, Inc. - CQ Application

To whom it may concern:

Please process the attached documents:

- CQ Application
- Check #9683; Amount \$70.00
- Certificate of Good Standing

Please call me if you need anything else for this request.

Thank you,

Traci Houston
Licensing Specialist
254-729-6157

cc: 190666

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alan J. Zuccari, 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:

Traci Houston - ILSA

Name of Person

Insurance Licensing Services of America, Inc

Firm/Company

111 N. Railroad

Address

Groesbeck, TX 76642

City/State and Zip code

thouston@ilsainc.com

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

For further information concerning this matter, please call:

Traci Houston - ILSA

Name of Person

at (254) 729-6157

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.

1. **Alan J. Zuccari, 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. VA 3. 541206590
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/09/1982 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. 4100 Monument Corner Dr., Suite 500; Fairfax, VA 22030
(Principal office address)

4100 Monument Corner Dr., Suite 500; Fairfax, VA 22030
(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)

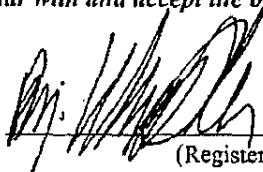
Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

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.



NRAI Services, Inc.

Wendy D Rea, Assistant 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.

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

A. DIRECTORS

Chairman: NONE

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alan Zuccari

Address: 4100 Monument Corner Dr., Suite 500; Fairfax, VA 22030

Vice President: Joseph Zuccari

Address: 4100 Monument Corner Dr., Suite 500; Fairfax, VA 22030

Secretary: David Art


Address: 4100 Monument Corner Dr., Suite 500; Fairfax, VA 22030

Treasurer: David Art

Address: 4100 Monument Corner Dr., Suite 500; Fairfax, VA 22030

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

13. X  _____
(Signature of Director or Officer listed in number 12 of the application)

14. DAVID J. ART _____
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That ALAN J. ZUCCARI, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is June 9, 1982;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
December 13, 2011*



Joel H. Peck

Joel H. Peck, Clerk of the Commission