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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -7 PM 4:23

5/9
[Signature]



111 N. Railroad St.
P.O. Box 380
Groesbeck, TX 76642
tel: 254 729 8002
licensing@ilsainc.com

May 4, 2012

Region Code 1186

Florida Secretary of State
Division of Corporations - Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

Ref: Application for Certificate of Authority

We are filing the following documents on behalf of Multigard Insurance Services, Inc.

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #11475 \$70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Stefanie Cantu

Stefanie Cantu
Licensing and Compliance Specialist
P.O. Box 390
111 N. Railroad St.
Groesbeck, TX 76642
Ph: 254*729*6139
Fax: 254*729*8069
scantu@ilsainc.com

817410

116

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Multigard Insurance Services, 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:

Jamila McCrary

Name of Person

Insurance Licensing Services of America, Inc

Firm/Company

P.O. Box 390

Address

Groesbeck, TX 76642

City/State and Zip code

cvermost@leeandmason.com

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

For further information concerning this matter, please call:

Jamila McCrary

Name of Person

at (254) 729-6185

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. **Multigard Insurance Services, 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. Kentucky 3. 141818520
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/08/1999 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. 7400 New LaGrange Road, Suite 412; Louisville, KY 40222
(Principal office address)
- 7400 New LaGrange Road, Suite 412; Louisville, KY 40222
(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.

Sonya L. Cordell
(Registered agent's signature)

Sonya L. Cordell
Assistant VP

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 MAY - 7 PM 4: 23

SECRET
DIVISION OF CORPORATIONS

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

A. DIRECTORSChairman: Colvin RyanAddress: 7400 New LaGrange Road, Suite 412; Louisville, KY 40222

Vice Chairman: _____

Address: _____

Director: Colvin RyanAddress: 7400 New LaGrange Rd, Suite 412
Louisville, KY 40222

Director: _____

Address: _____

B. OFFICERSPresident: Colvin RyanAddress: 7400 New LaGrange Road, Suite 412; Louisville, KY 40222Vice President: Craig VermostAddress: 7400 New LaGrange Road, Suite 412; Louisville, KY 40222Secretary: Terry PoulinAddress: 7400 New LaGrange Road, Suite 412; Louisville, KY 40222Treasurer: Janet ChardavoyneAddress: 7400 New LaGrange Road, Suite 412; Louisville, KY 40222**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. _____

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

12 MAY - 7 PM 4:23
SECRETARY TO STATE
DIVISION OF CORPORATIONS

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 122563

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MULTIGARD INSURANCE SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 8, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10th day of February, 2012, in the 220th year of the Commonwealth.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 7 PM 4:23



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
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