

F120000002435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

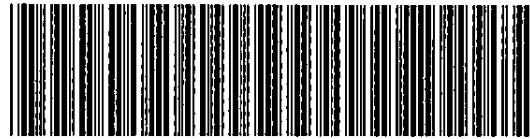
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/08/12--01028--002 **78.85

12 JUN - 8 PM 3:25

CLERK
STATE OF NEW YORK
DIVISION OF CORPORATIONS

6/12
JF

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

6/5/2012

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
12 JUN -8 AM 11:24
OFFICE OF STATE
TALLAHASSEE, FL 32314

Re: **H.J. Knight International Ins. Agency, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Treasurer & Initial Licg. Spec.
Email: hoveryby@kennedylicensing.com

cc: H.J. Knight International Ins. Agency, Inc.
REGISTERED AGENT SOLUTIONS, INC., Reg. Agt.

Enc: \$78.75 fee, App. in dup., Cert. G.S., Ofcr & dir list

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: H. J. Knight International 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:

Hailey Overby

Name of Person

Kennedy Licensing Service Inc.

Firm/Company

4144 N. Central Expressway, Suite 800

Address

Dallas, TX 75204

City/State and Zip code

hoverby@kennedylicensing.com

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

For further information concerning this matter, please call:

Hailey Overby

Name of Person

at (214) 855-0737

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. H.J. Knight International 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. MA 3. 04-2960092
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/02/1987 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 30 Braintree Hill Office Park, Ste 203 Braintree, MA 02184
(Principal office address)

same as above
(Current mailing address)

8. Nonresident Insurance Agency Sales & Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

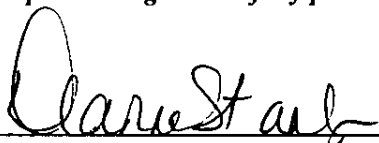
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Ste A
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.


(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 JUN -8 PM 3:25
DIVISION OF STATE
REGISTRATION

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

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Harold Knight
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. Harold Knight, President

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

12 JUN - 8 PM 3:25
SECRETARY OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA

H.J. Knight International Insurance Agency, Inc.
OFFICER AND DIRECTOR

Harold J. Knight
100% Ownership
President, Secretary, Treasurer & Director
100 Pond Street
Jamaica Plain, MA 02130

Business Address:

30 Braintree Hill Office Park, Ste 203
Braintree, MA 02184

12 JUN - 8 PM 3:25
STANDARD & SONS
DIVISION OF ST. LOUIS
ST. LOUIS, MO



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

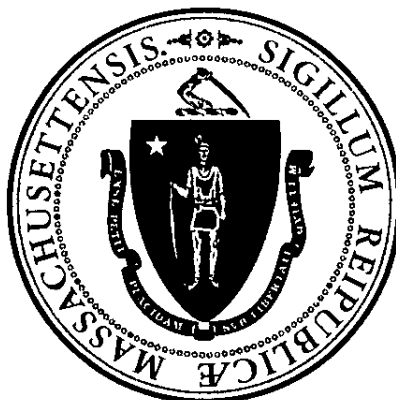
Date: June 04, 2012

To Whom It May Concern :

I hereby certify that according to the records of this office,

H.J. KNIGHT INTERNATIONAL INSURANCE AGENCY INC.

is a domestic corporation organized on **March 02, 1987** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as
appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

1 JUN -8 PM 3:25
SECRETARY OF THE COMMONWEALTH
DIVISION OF CORPORATE AFFAIRS

Certificate Number: 12067563950

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

Processed by: nmc