# F12000003074

| (Re                                     | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Address)                               |                   |             |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
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|   |                   |             |  |  |

Office Use Only



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111 N. Rallroad St.
P.O. Box 390
Groesbeck, TX 78642
tol: 254.729.8002
licensing4insulance.som

July 17, 2012

Region Code 1345

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

Dear Sir/Madam:

#### Ref: Application of Certificate of Authority

We are filing the following documents on behalf of L. J. Stein & Company, Inc.

The items checked below are enclosed.

Application of Certificate of Authority

Check #12020 - \$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,

#### Cara Mose

Cara Mose Licensing and Compliance Specialist P.O. Box 390 (standard) 111 N. Railroad St. (overnight) Groesbeck, TX 76642 Ph: 254\*729\*6107

Fax: 254\*729\*8069 cmose@ilsainc.com

22629

#### **COVER LETTER**

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: L. J. Stein & Company, Inc.  |  |  |  |  |
| Name of corporation -   | must include suffix  |  |  |  |
| Dear Sir or Madam:  |  |  |  |  |
| The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand referenced foreign corporation to transact business in Flo | ing"and check are submitted to register the above  |  |  |  |
| Please return all correspondence concerning this matter t   | o the following:   |  |  |  |
| Kristy Star   |  |  |  |  |
| Name of P   | erson  |  |  |  |
| Insurance Licensing Servi   | ices of America, Inc   |  |  |  |
| Firm/Company  |  |  |  |  |
| P.O. Box  | 390  |  |  |  |
| Addres  | s  |  |  |  |
| Groesbeck, T  | X 76642  |  |  |  |
| City/State and  | d Zip code   |  |  |  |
| bahlstrom@ljs   | tein.com   |  |  |  |
| E-mail address: (to be used to  | or future annual report notification)  |  |  |  |
| For further information concerning this matter, please ca   | II:  |  |  |  |
| Kristy Starling at ( 254  | 729-6180   |  |  |  |
| Name of Person Area C   | ) 729-6180<br>ode & 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 & S87.50 Filing Fee, Certified Cop 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. L. J. Stein &  | & Company, Inc.   |                     |   |  |
|-------------------|---|---------------------|---|--|
|                   | corporation; must include "INCOR<br>Corp," "Inc," "Co," or "Corp.") | PORATED." "CO       | MPANY." "CORPORATION."                            |  |
|                   |   |                     |   |  |
| (If name unavai   | lable in Florida, enter alternate cor                               | porate name adopte  | d for the purpose of transacting busin            | ess in Florida)                              |
| 2.                | New York  | 3.                  | 161130974   |  |
| (State or country | under the law of which it is incorp                                 | oorated)            | 161130974<br>(FEI number, if applicable)          |  |
| 4. 09/            | 20/1979   | 5.                  | Perpetual ation: Year corp. will cease to exist o |  |
| (Dat              | e of incorporation)   | (Dur                | ation: Year corp. will cease to exist o           | r "perpetual")                               |
| 6.                | U   | pon Qualificat      | ion   |  |
|                   | (Date first transacto   |                     | da, if prior to registration)                     |  |
|                   | (SEE SECTIONS 607.15  | 601 & 607.1502, F.  | S., to determine penalty liability)               |  |
| 7.                | 71 E Fairmoun   | Ave.; Lakewo        | od, NY 14750                                      |  |
|                   |   | al office address)  |   |  |
|                   | 71 E Fairmoun   | t Ave.; Lakewo      | od, NY 14750                                      |  |
|                   |   | mailing address)    |   |  |
|                   |   |                     |   |  |
| 8                 | Non-Residen   | t Insurance Age     | ency for Profit                                   |  |
| (Purpose(         | s) of corporation authorized in hon                                 | ne state or country | o be carried out in state of Florida)             | 73 3   |
| 9. Name and stre  | et address of Florida registered                                    | agent: (P.O. Box    | NOT acceptable)                                   |  |
| Name:             | Corporation Service Co  | mpany               |   |  |
| Office Address:   | 1201 Hays Street  |                     |   | 25 14 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| Office Address.   | Tallahassee   |                     | re. a. 32301                                      | <b>60</b> 7 11                               |
|                   | (City)  | :                   | Florida 32301 (Zip code)                          | 55   |
|                   | (0.5)   |                     | (F)   | •••  |

#### 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.

Rosemarle Gagliardino
Assistant VP

(Registered aggrit'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:                       | 1343 1 15 1                   |
|--|-------------------------------|
| A. DIRECTORS General Manager -Chairman: Patrick Kennedy                              |                               |
|  |                               |
| Vice Chairman:   |                               |
| Address:   |                               |
| Director:  |                               |
| Address:   |                               |
| Director:  |                               |
| Address:   |                               |
| B. OFFICERS  |                               |
| President: David Stein   |                               |
| Address: 71 E Fairmount Ave.; Lakewood, NY 14750                                     |                               |
| Vice President:  |                               |
| Address:   | නු දි. අ<br>ආ ලෝ              |
| Secretary:   |                               |
| Address:   |                               |
| Treasurer:   |                               |
| Address:   |                               |
| NOTE: If necessary, you may attach an addendum to the application listing additional | al officers and/or directors. |
| 13. Signature of Director or Officer listed in number 12 of the appl                 | lication)                     |
| 14. David Stein/President  |                               |
| (Typed or printed name and capacity of person signing applic                         | ation)                        |

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of L. J. STEIN & COMPANY, INC. was filed on 09/20/1979, under the name of C. ROBBINS AGENCY, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment C. ROBBINS AGENCY, INC., changing its name to L. J. STEIN & COMPANY, INC., was filed 12/30/1980.



12 JUL 20 AH 8: 58

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of June two thousand and twelve.

First Deputy Secretary of State