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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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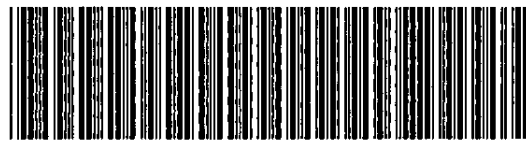
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch MAR 25 2013

Proton

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Thousand Islands 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:

Mary L. Higgins

Name of Person

Thousand Islands Agency, Inc.

Firm/Company

PO Box 799

Address

Cape Vincent, NY 13618

City/State and Zip code

molly@sportsmensinsurance.com

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

For further information concerning this matter, please call:

Mary L. Higgins

Name of Person

at (315) 654-2068

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Thousand Islands 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. New York

(State or country under the law of which it is incorporated)

3. 16-1520706

(FEI number, if applicable)

4. 12/24/1993

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2013

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

7. 853 James Street, Clayton, NY 13624

(Principal office address)

PO Box 456, Clayton, NY 13624

(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: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607

(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.



Dan Keen-President

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brendan J. Higgins

Address: 10868 US Route 11, PO Box 7, Adams NY 13605

Vice President: Edgar J. Higgins, Jr.

Address: 853 James Street, PO Box 456, Clayton NY 13624

Secretary: Edgar J. Higgins, Jr.

Address: 853 James Street, PO Box 456, Clayton NY 13624

Treasurer: Brendan J. Higgins

Address: 10868 US Route 11, PO Box 7, Adams NY 13605

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

13.  _____
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. Mary L. Higgins

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

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TALLAHASSEE, FLORIDA

Thousand Islands Agency, Inc.

Officers

Name	Title	Business Address
Brendan J. Higgins	President and Treasurer	10868 US Route 11, PO Box 7, Adams NY 13605
Edgar J. Higgins, Jr.	Vice President and Secretary	853 James Street, PO Box 456, Clayton NY 13624
Mary L. Higgins	Assistant Secretary	170 E. Broadway, PO Box 799, Cape Vincent, NY 13618
Carrie M. Disotell	Assistant Secretary	170 E. Broadway, PO Box 799, Cape Vincent, NY 13618

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SECRETARY OF STATE
TALAMON, SEPT. 9, 1907

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THOUSAND ISLANDS AGENCY, INC. was filed on 12/24/1993, 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.



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13 MAR 22 PM 4:05
SECRETARY OF STATE
TALLAMUSSE, N. G.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of March two
thousand and thirteen.*

First Deputy Secretary of State