

F/3000001994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

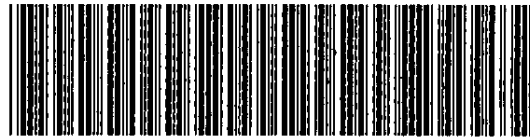
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/13--01017--035 **70.00

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13 MAY - 7 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/08/B



111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
tel: 254.729.8002
FAX: 254.729.8002

May 3, 2013

Region Code 81

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

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of Union Privilege

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #14590 Amount \$ 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,

Angie Dyer

Angie Dyer
Licensing and Compliance Supervisor
111 N. Railroad Street
P.O. Box 390
Groesbeck, TX 76642
Ph: 254*729*6191
Fax: 254*729*8069
Email: adver@ilsainc.com

26400

**'APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. **Union Privilege Corp**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **DC**

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

3. **521457836**

(FEI number, if applicable)

4. **5/14/1986**

(Date of Incorporation)

5. **Perpetual**

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

6. **Upon Qualification**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **1100 First St., NE, Washington, DC 20002**

(Principal office address)

1100 First St., NE, Washington, DC 20002

(Current mailing address)

8. **Insurance Sales**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Rd**

Plantation

(City)

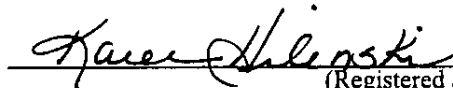
Florida **33324**

(Zip Code)

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TALLAHASSEE, FLORIDA

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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: VP of Financial Svs - Karen Hilenski

Address: 1100 First St., NE, Washington, DC 20002

Director: _____

Address: _____

B. OFFICERS

President: Leslie Tolf

Address: 1100 First St., NE, Washington, DC 20002

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Stephen Goldsmith

Address: 1100 First St., NE, Washington, DC 20002

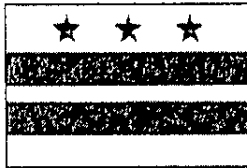
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Leslie Tolf
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LESLIE TOLF President
(Typed or printed name and capacity of person signing application)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



CERTIFICATE

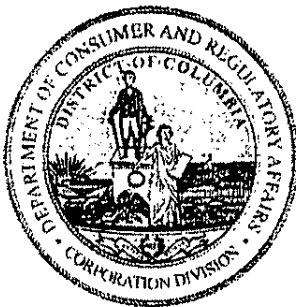
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

UNION PRIVILEGE

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 5/14/1986; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 4/22/2013 4:10 PM

Business and Professional Licensing Administration



PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Vincent C. Gray
Mayor

Tracking #: YReF34oY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA