Division of Corporations Electronic Filing Cover Sheet

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To:		
	Division of Corporations	>= .
	Fax Number : (850)617-6381	ASSE ASSE
From:		
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA00000023	LS 1
	Phone : (850) 222-1092	
	Fax Number : (850)878-5368	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	 -	
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FOREIGN PROFIT/NONPROFIT CORPORATION SOUTHWEST FLORIDA CPCU SOCIETY CHAPTER, INC.

Certificate of Status	
Certified Copy	0
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~ 07/31/13

Electronic Filing Menu

Corporate Filing Menu

Help

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			Southwest Florida					
in In	lame of corpor sport in langua the name at pr	ation: must include go as will clearly in resent. "Company"	the word "INCORPOR ndicate that it is a corpor or "Co." may not be use	ATED" or "C ation instead d as a corpore	ORPORAT of a natural ite suffix by	TION" or words or person or partners y a nonprofit corpor	abbreviations of like hip if not so contain ration.)	ed
2		Pennsylva	nia	3 NT/2				
٤	(State or coun	try under the law o	niz of which it is incorporate	<u>a)</u>	(FEI	number, if applicat	le)	-
Δ	07/24/20	113	n)	5.		perpetual		
	(D	ate of incorporation	n)	(Dural	on: Year co	orp. Will cease to ex	(ist of "perpetual")	-
,								
°. (I	Date first condu	eted affairs in Flori	da if prior to registration,	See sections 6	17.1301 &	617.1502, F.S. to de	termine penalty (lab)	Tity.)
			720 Providence Re					
′ ·-			(Princip	ni office add	ess)			-
_			The state of the s	ent mailing ac	dragel			-
•	To advance and	d promote the inter	ests of The Society of Cl	nartered Propo	erty and Ca	sualty Underwriters	i, a Pennsylvania	
•	nonprofit corpo	pration, by meeting	the career needs of a div	rerse member	ship of insu	rance professionals	s so that they may so	STVC
8. 7	others in a com	perent and ernical	manner, and other appro-	priate nonpro	ii professio	mai and trade assoc	intrott brithnaes.	_
Ų	rumuse(s) oi e	sorpuration authori	zeu in nome state or com	intry to be can	nen om m	ile sidie of Piorida)		
9. N	Name and stre	et address of Flo	rida registered agent: (P.O. Box N	OT accept	able)		
	· · · · · ·			· -		•		
	Name:	C T Corporation 5	System					
Off	lice Address:	1200 South Pine I	sland Road					
		Plantation,	(City)	, Flori	da	33324		
			(City)			(Zip Code)	
10	Dagletensk	agent's accepta	2041					
Ha	ving been na	med as revisiere	d agent and to accept :	service of pr	ocess for i	ihe above stated o	corporation at the	place
des	ienated in th	is application. I i	hereby accept the appl	olntment às	regisieren	agent and agree	to act in this cape	icky. I
jari and	uer agree to i I am familla	comply will ins ar with and acce	provisions of all statu of the obligations of m	tes retative t IV bosition a	o iue proj Trepistere	er ana compiese. Ed agent.	perjormunce of n	у онися,
			•	• • · · · · · · · · · · · · · · · · · ·	•	**		
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		ν εις	A CII A	Јап	ies M.	Haipin		
	By	y:	79 (W)	A8\$	istant S	ecretary		
		<i>(</i>)	Corporation System (Registe	red agents si	insure)			
F 1	Attached is	a certificate of av	istence duly authentic	ated, not mo	ne than OA	days print to deli	very of this annie	ation to
• • •	the Departm	ent of State, by t	he Secretary of State o	r other offic	al having	custody of corpor	rate records in the	2.101110
	jurisdiction (under the law of	which it is incorporate	d,	•			

13 JUL 30 AN IO: OF STATE FALLAHASSEE FILMING

12. Names and addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: NA		
Address:	The second secon	
Vice Chairman: NA		
Address:		
Director: See attached		
Address:		
Director:		
Address:		
B. OFFICERS		
President: See attached	>₹ "	
Address:		į
Vice President:		100
Address:	, ,	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an elidendum to the application listing addition (Signature of Chairman, Vice Chairman, or any officer listed in number)		

Donald Huffer, President

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

Application by Foreign Not for Profit Corporation for Authorization to Conduct Affairs in Florida Item 12 - Addendum

Southwest Florida CPCU Society Chapter, Inc. -Directors and Officers

Donald Huffer

President/Director

3399 SB 19th Avenue, Cape Coral FL 33904

William Furr

President-Elect/Director

3954 Recreation Lane, Naples FL 34116

Scott Newman

Vice President/Director

1395 Panther Lane, Suite 100, Naples FL 34109

Roger Cote

Secretary-Treasurer/Director

3501 Del Prado Boulevard South, Cape Coral FL 33904-7210

13 JUL 30 AN IO: 09
SECRETARY OF STATE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE JULY 30, 2013

13 JUL 30 AH IO: 09
SECRETARY OF STATE

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Southwest Florida CPCU Society Chapter, inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 11236084-1
Verify this certificate online at http://www.corporations.state.ps.us/corp/soskb/verify.esp .