

F130000003613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

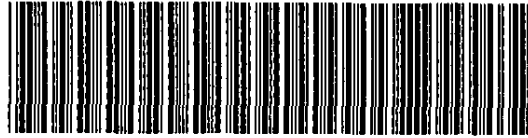
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W13-44080~~

Office Use Only



200250216582

200250216582
08/02/13--01012--011 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 AUG 19 PM 1:29

2/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Avery W Hall 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:

Laura Ratcliff lratcliff@averyhall.com

Name of Person

Avery W Hall Insurance Agency Inc

Firm/Company

308 E Main St, PO Box 2317

Address

Salisbury, MD 21802

City/State and Zip code

jlong@averyhall.com

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

For further information concerning this matter, please call:

Laura Ratcliff

Name of Person

at (410) 742 5111

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2013

LAURA RATCLIFF
PO BOX 2317
SALISBURY, MD 21802

SUBJECT: AVERY W HALL INSURANCE AGENCY INC
Ref. Number: W13000044080

We have received your document for AVERY W HALL INSURANCE AGENCY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 913A00018951

**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. Avery W Hall 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. Maryland

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

3. 52-0631975

(FEI number, if applicable)

4. 7-9-1952

(Date of incorporation)

5. perpetual

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

6. 7-1-2013

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

7. 308 E Main St, PO Box 2317, Sallsbury, MD 21802

(Principal office address)

308 E Main St, PO Box 2317, Salisbury, MD 21802

(Current mailing address)

8. Insurance

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By: Rosemarie Gagliardino

(Registered agent's signature)

Rosemarie Gagliardino
Assistant Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 AUG 19 PM 1:29

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: TOM WISNIEWSKI

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

Vice Chairman: JILL LONG

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

Director: KEVIN HAYES

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

Director: _____

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

B. OFFICERS

President: TOM WISNIEWSKI

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

Vice President: JILL LONG

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

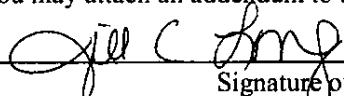
Secretary: _____

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

Treasurer: _____

Address: 308 E Main St, PO Box 2317, Salisbury, MD 21802

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 AUG 19 PM 1:29

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AVERY W. HALL INSURANCE AGENCY, INC., INCORPORATED JULY 09, 1952, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 26, 2013.



Paul B. Anderson
Charter Division

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 AUG 19 PM 1:29



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097