

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FOREIGN PROFIT/NONPROFIT CORPORATION Home Security of America Insurance Services, Inc.

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10/29/2013

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.

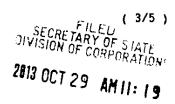
(Enter name of co	f America Insurance Services, Inc. reportion; must include "INCORPORATED rep," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
·	•	adopted for the purpose of transacting business in Florida) 39-1562659		
2. Wisconsin	mder the law of which it is incorporated)	(FRI number, if applicable)		
4, 05/05/1986	•	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	2813	₹.,
6. Upon Qualificati	lon		13001	SECRETARY OF STATE DIVISION OF CORPORATION
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7, 310 North Midval	e Blvd, Madison, WI 53705		A	200
	(Principal office address)			
same			=	
	(Current mailing ad	dress)		57
		_	9	75
8. To act as an Inst	rance Broker for Personal Lines and Comme	ercial Lines Insurance	_	
	of corporation authorized in home state or o			
9. Name and stree	t address of Florida registered agent: (P.	.O. Box NOT acceptable)		
Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	Florida 33324		
x.	(City)	(Zip code)		
	ed as registered agent and to accept ser	vice of process for the above stated corporation at the tment as registered agent and agree to act in this capa		

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.

By: Ryan N. Kenigsberg
Assistant Secretary

(Relatered agent Lignature)

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 SEE ATTACHMENT
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: James Candler
Address: 310 North Midvale Blvd
Medison, WI 53705
Vice President:
Address:
Secretary: David R Lehmann
Address: 310 North Midvale Blvd, Madison, W1 53705
Treasurer: Steven P Dedo
Address: 310 North Midvalo Blvd, Madison, WI 53705
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. James Candler, President (Typed or printed name and capacity of person signing application)
(1) bod or burnes mane and cabacity or berson signing application)

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Attachment to Florida Officers & Directors

Pull Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address;

City:

State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title: Director's Title:

Business Address:

City:

State:

ZIP Code:

3

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

David R. Lehmann

Officer.Director

Secretary

Director

310 North Midvale Blvd

Madison

WI

53705

Steven P. Dedo

Officer, Director

Treasurer

Director

310 North Midvale Blvd

Madison

WI

53705

Robert J. Lehmann

Director

Director

310 North Midvale Blvd

Madison

Wl

53705

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 OCT 29 AM II: 20

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

HOME SECURITY OF AMERICA INSURANCE SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 5, 1926.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

A WILES

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seel of the Department on October 29, 2013.

PAUL M. HOLZEM, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions proviously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfl.org/apps/ocs/verity/

Enter this code:

128156-D5641A5A