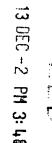
(Red	questor's Name)			
· (Add	dress)			
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(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
·	•	,		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			
·				

Office Use Only



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111 N. Railroad St.
PO Box 380
Groesbeck, TX 76842
tel: 254.729.8002
www.ilsainc.com

November 25, 2013

Region Code 1540

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 <u>United States Excess & Surplus</u> Lines Insurance Agency, Inc.

The items checked below are enclosed.

Application for Certificate of Authority
 Check #16053 Amount \$ 70.00
 Original 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,

angle ayer

Angie Dyer Licensing & Compliance Specialist 111 N. Railroad Street P.O. Box 390 Groesbeck, TX 76642

Ph: 254*729*6191 Fax: 254*729*8069

Email: adyer@ilsainc.com

23697

COVER LETTER

TO: New Filing Se			•	
SUBJECT: United S	states Excess & Surplus Line Name of corp		nce Agency, Inc must include suffix	
Dear Sir or Madam:				
"Certificate of Existen	ation by Foreign Corporat ce," or "Certificate of Go gn corporation to transac	od Stan	ding" and check are sub	
Please return all corres	spondence concerning this	s mattei	to the following:	
	N	ame of	Person	
ILSA, Inc.				
P.O. Box 390	Fir	m/Com	pany	
		Addre		
Groesbeck, TX 76	642	Addit		
	City	State a	nd Zip code	
JoeR@usxs.net				
	E-mail address: (to b	e used 1	for future annual report r	notification)
For further information	n concerning this matter,	please o	eall:	
Angie Dyer	at (254	729-6157	
Name of Pers		Area	Code & Daytime Teleph	one Number
New Filing Sc Division of Co Clifton Buildi	orporations ng ve Center Circle		MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check fo	r the following amount:			
\$70.00 Filing Fee	□ \$78.75 Filing Fee Certificate of State		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTOR 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 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. 2. Ohio (State or country under the law of which it is incorporated) (FEI number, if applicable)	ָּהָי הַיּלִי
2. Ohio 3. 341785791	
2. Ohio 3. 341785791	
	s in Florida)
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 12/06/1994 5. Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "	perpetual")
6. Upon Qualification	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 6929 W. 130Th Street Suite 100, Cleveland, OH 44130	·
(Principal office address)	
same	·
(Current mailing address)	
8. Non-Resident Insurance Sales	
(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: C T Corporation System	
Name. Or Supplement System	
Office Address: 1200 South Pine Island Road	
Plantation , Florida 33324	
(City) (Zip code)	
10. Registered agent's acceptance:	
to. Register of agent 5 acceptance. Having been named as registered agent and to accept service of process for the above stated corpora	tion at the

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: Maria Ozaeta Vice 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: Vice Chairman: Address: Director: David Stahl Address: 6929 W. 130Th Street Suite 100 Cleveland, OH 44130 **B. OFFICERS** President: Jose Rivera Address: 6929 W. 130Th Street Suite 100 Cleveland, OH 44130 Vice President: Address: Secretary: Sandra Hupcej Address: 6929 W. 130Th Street Suite 100, Cleveland, OH 44130 Treasurer: Sandra Hupcej Address: 6929 W. 130Th Street Suite 100, Cleveland, OH 44130 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 000 Kwara 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. Jose Rivera, President

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

Directors and Officers List United States Excess & Surplus Lines Insurance Agency, Inc.

FEIN: 341785791 6929 W. 130Th Street Suite 100 Cleveland, OH 44130 Phone: 4408887300 Fax: 4408887380

President: Jose Rivera

3548 Burrwood Dr, Richfield, OH 44286 Percentage of Ownership: 34 %

Director: David Stahl

1157 Cherokee Lane, Brecksville, OH 44141

Percentage of Ownership: 22 %

Secretary Treasurer: Sandra Hupcej

4921 Royalwood Rd, North Royalton, OH 44133

Percentage of Ownership: 34 %

None: Kessler Kathleen

9170 Boundary Lane, Parma, OH 44130

Percentage of Ownership: 10 %

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNITED STATES EXCESS & SURPLUS LINES INSURANCE AGENCY, INC., an Ohio corporation, Charter No. 888399, having its principal location in Parma Hts., County of Cuyahoga, was incorporated on December 6, 1994 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of November, A.D. 2013.

Ohio Secretary of State

Validation Number: 201332501576