

F140000000S78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

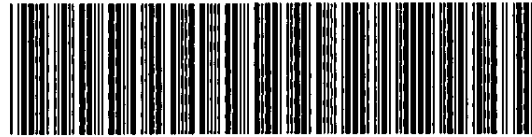
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 11 PM 3:29



111 N. Railroad St.
P.O. Box 390
Groesbeck, TX 76642
tel 254.729.8002
*** ILSAINC.COM

January 30, 2014

Region Code 1524

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 **Sandy Spring Insurance Corporation**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #16516 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,

Porsche Lockhart

Porsche Lockhart
Licensing and Compliance Specialist
111 N. Railroad
P.O. Box 390
Groesbeck, TX 76642
Phone: 254*729*6136
Fax: 254*729*8069
Email: plockhart@ilsainc.com

29210

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sandy Spring Insurance Corporation

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:

Porsche Lockhart

Name of Person

ILSA

Firm Company

P.O. Box 390

Address

Groesbeck, TX 76642

City/State and Zip code

crobey@sandyspringinsurance.com

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

For further information concerning this matter, please call:

Porsche Lockhart

Name of Person

at (254) 729-6136

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

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. Sandy Spring Insurance Corporation

(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. 521774852

(FEI number, if applicable)

4. 09/04/1991

(Date of incorporation)

5. Perpetual

(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. 7401 Ritchie Highway, Glen Burnie, MD 21061

(Principal office address)

same

(Current mailing address)

8. Non-Resident Insurance Agency for Profit

(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

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(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.

C T Corporation System

Maria Ozaeta

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Todd Ellis

Address: 7401 Ritchie Highway
Glen Burnie, MD 21061

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Todd Ellis

Address: 7401 Ritchie Highway
Glen Burnie, MD 21061

Vice President: Carolyn Robey

Address: 7401 Ritchie Highway
Glen Burnie, MD 21061

Secretary: Ronald Kuykandall

Address: 7401 Ritchie Highway, Glen Burnie, MD 21061

Treasurer: Dennis Neville

Address: 7401 Ritchie Highway, Glen Burnie, MD 21061

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

13. Carolyn Robey 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. Carolyn Robey, Vice President
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida
Officers & Directors**

1	Full Name:	Sandy Spring Bankcorp
	Officer/Director:	Officer
	Officer's Title:	Owner
	Director's Title:	
	Business Address:	17801 Georgia Ave
	City:	Onley
	State:	MD
	ZIP Code:	20832

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 SANDY SPRING INSURANCE CORPORATION, INCORPORATED SEPTEMBER 04, 1991, 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 JANUARY 14, 2014.

Paul B. Anderson

Paul B. Anderson
Charter Division



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