

**F14000001665**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

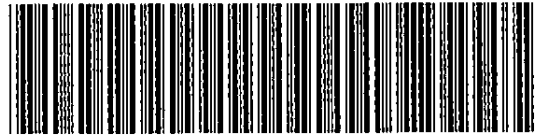
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*04/16/14*



111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
tel. 254.729.8002  
www.ilsainc.com

April 10, 2014

Region Code 1561

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 **Spectrum Weather and Specialty Insurance, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #17503 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  
Ph: 254\*729\*6136  
Fax: 254\*729\*8069  
Email: [plockhart@ilsainc.com](mailto:plockhart@ilsainc.com)

305-95

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Spectrum Weather and Specialty Insurance, 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:

Jodie Thompson

Name of Person

ILSA, Inc.

Firm/Company

P.O. Box 390

Address

Groesbeck, TX 76642

City/State and Zip code

jthompson@ilsainc.com

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

For further information concerning this matter, please call:

Jodie Thompson

at ( 254 ) 729-6129

Name of Person

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. Spectrum Weather and Specialty Insurance, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ins.," "Co.," or "Corp.")
2. NO 3. 275496754  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/08/2011 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. 916 Paw Paw Ln, Liberty, MD 64068  
(Principal office address)  
Po Box 484, Liberty, MD 64069  
(Current mailing address)
8. Own and operate as a weather insurance producer  
(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: Corporate Creations Network Inc.  
Office Address: 11380 Prosperity Farms Road #221E  
Palm Beach Gardens, Florida 33410  
(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.*



Tim Pratts, Special Secretary  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Robert Holmes

Address: 916 Paw Paw Ln, Liberty, MO 64068

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert Holmes

Address: 916 Paw Paw Ln, Liberty, MO 64068

Vice President: N/A

Address: \_\_\_\_\_

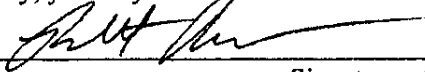
Secretary: N/A

Address: \_\_\_\_\_

Treasurer: N/A

Address: \_\_\_\_\_

**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. Robert Holmes - President

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Jason Kander  
Secretary of State

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14 APR 15 PM 1:14  
SECRETARY OF STATE  
FALLS CHURCH, VA 22024

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**SPECTRUM WEATHER AND SPECIALTY INSURANCE, INC.**  
**01124951**

was created under the laws of this State on the 8th day of March, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 9th day of April, 2014

A handwritten signature of Jason Kander in black ink.

Secretary of State

