

F 14000003537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

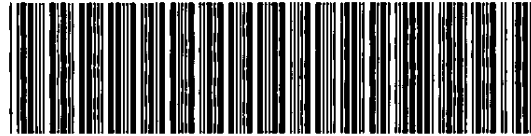
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/28/14--01019--004 **70.00

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14 AUG 21 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14000046461

8/22/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Zodiac Insurance Services, 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:

Jeremy Reese

Name of Person

Zodiac Insurance Services, Inc

Firm/Company

459 Oakshade Rd.,

Address

Shamong, NJ 08088

City/State and Zip code

Jeremy Reese @ Zodiacinsurance.com

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

For further information concerning this matter, please call:

Jeremy Reese

Name of Person

at (856) 552-2405

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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



RECEIVED
14 AUG 21 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 18, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Claretha:

In regards to Ref. Number: W14000046461; Letter Number 714A00016251

Enclosed please find:

- Revised Application by Foreign Corporation for Authorizaiton to Transact Business in Florida.

Please note when we made our initial filing with the state we mistakenly completed Line 6, Date first transacted business in Florida.

We have only recently become licensed to do business in Florida and have not yet done so.

This is a Formal notice that we have not transacted business in the state of Florida.

If you should need to contact me for any reason, please call **856-552-2402**.
My email address is davidwash@zodiacinsurance.com.

Thank you,
Zodiac Insurance Services, Inc.

David Wash, President

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14 AUG 21 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2014

JEREMY REESE
459 OAKSHADE ROAD
SHAMONG, NJ 08088

SUBJECT: ZODIAC INSURANCE SERVICES, INC.
Ref. Number: W14000046461

We have received your document for ZODIAC INSURANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 714A00016251

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14 AUG 21 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Zodiac Insurance Services, 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. Delaware 3. 45-4047321
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 2011 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1209 Orange Street Wilmington DE 19801
(Principal office address)

459 Oakshade Rd Shamong NJ 08088
(Current mailing address)

Insurance Agents & Brokers as Well as MGU

8. _____
(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: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(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.

Mary Sagini, Asst. 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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14 AUG 21 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

14 AUG 21 PM 4: 29

Chairman: David C. Wash
Address: 62 Tuckerton Rd
Shamong NJ 08088

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David C. Wash
Address: 62 Tuckerton Rd
Shamong NJ 08088

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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. David C. Wash President

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZODIAC INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2014.

FILED

14 AUG 21 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5079254 8300

140887624

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1495694

DATE: 06-30-14