

F14000003865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

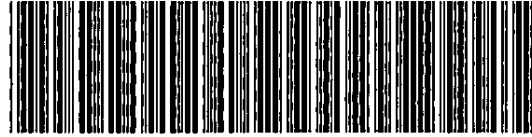
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SEP 12 PM 3:20
DIVISION OF CORPORATE AFFAIRS
REGISTRATION SECTION

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Insmax Insurance Brokerage Inc
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lawrence M Koresko

Name of Person

Insmax Insurance Brokerage Inc

Firm/Company

416 East Main Street

2nd Floor

Address

Collegeville PA 19426

City/State and Zip Code

lkoresko@insmax.com

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

For further information concerning this matter, please call:

Candace Anders

Name of Person

at (610)

239-8400

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Insmax Insurance Brokerage Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- dba Insmax Financial and Insurance Services Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Commonwealth of Pennsylvania 3. 46-4911372
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/1/2014 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. No date as no business conducted.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 416 East Main Street 2nd Floor Collegeville PA 19426
(Principal office address)
- 416 East Main Street 2nd Floor Collegeville PA 19426
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

Holly Jones
(Registered agent's signature)

Holly Jones
Assistant Vice President

10. 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.

SEP 12 PM 3:20

DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: Lawrence M KoreskoAddress: 416 East Main Street 2nd FloorCollegeville PA 19426Vice President: Gregory T LeaheyAddress: 416 East Main Street 2nd FloorCollegeville PA 19426

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.

13. Lawrence M Koresko President

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

PA SEP 12 PM 3:20
DIVISION OF CORPORATE AFFAIRS
STATE OF PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
SEPTEMBER 8, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Insmax Insurance Brokerage, Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

Certification Number: 12095972-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 8, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Insmx Insurance Brokerage, Inc.

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania

do hereby certify that the foregoing and annexed is a true and correct
copy of

ARTICLES OF INCORPORATION filed on February 4, 2014

which appear of record in this department.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

A handwritten signature in cursive script, reading "Carol Aichele".

Secretary of the Commonwealth

Entity #: 4243672
Date Filed: 02/04/2014
Carol Aichele
Secretary of the Commonwealth

ST, PAO48

From: pao4b@state.pa.us
Sent: Friday, January 03, 2014 11:22 AM
To: ST, PAO48
Subject: PAO48 New Registration

404421
**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**
Articles of Incorporation-For Profit

g Business-stock (§ 1306) Management (§ 2703)
Business-nonstock (§ 2102) Professional (§ 2903)
Business-statutory close (§ 2303) Insurance (§ 3101)
Cooperative (§ 7102)

Document will be returned to the name and address you enter below.

Name
Lawrence Koresko
Address
200 W. Fourth Street
Address

City State Zip Code
Bridgeport PA 19405

Email: Lawrence@comcast.net

Commonwealth of Pennsylvania
ARTICLES OF INCORPORATION 3 Page(s)



T1404241046

Fee: \$125

In compliance with the requirements of the applicable provisions (relating to corporation and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation", "incorporated", "limited", "company" or any abbreviation, "Professional corporation" or "P.C.");

Insmx Insurance Brokerage, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
200 W. Fourth Street	Bridgeport	PA	19405	46

(b) Name of Commercial Registered Office Provider County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1968.
4. The aggregate number of shares authorized:

1000

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address(es)
Lawrence Koresko	33 Chesterfield Lane Malvern PA 19355

6. The specified effective date, if any:

01 01 2014
Month Day Year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

Dept. of State

Certification FEB 04 2014 Page 1 of 3



January 31, 2014

Lawrence Koresko
200 W. 4th Street
Bridgeport, PA 19405

Sent Via Email Only: lkoresko@insmax.com

RE: Name Review/Fictitious Name Review
Insmax Insurance Brokerage Inc.

Dear Lawrence Koresko:

The following information is being provided in response to your request received on January 31, 2014.

Please be advised that the phrasing of the above-referenced name has been reviewed and found to be acceptable to the Pennsylvania Insurance Department. You will need to present a copy of this letter to the Pennsylvania Department of State, Corporation Bureau. You may contact the Department of State, Corporation Bureau at 717-787-1057 or at www.dos.state.pa.us and click on the "corporations" link. In processing the registration of the name, the Department of State will verify that the new name is not being used by an existing entity or that the name does not too closely resemble that of an existing entity.

Please note that this letter is to grant the use of a name only, it does not represent any form of licensure.

I trust that the information provided is responsive to your request. Please feel free to contact the department at (717) 787-3840 should you have any questions concerning licensure or this application.

Pennsylvania Insurance Department

A handwritten signature in black ink, appearing to read "Adriane V. Force".

Adriane V. Force
Manager, Licensing Services Division

Bureau of Licensing & Enforcement
1209 Strawberry Square | Harrisburg, Pennsylvania 17120 | Phone: 717.787.3840 | Fax: 717.787.8553 | www.insurance.pa.gov



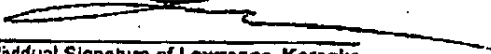
**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Domestic Signature Form**

Document must be completed and mailed to the address listed below.

Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057

1. The enterprise structure is:
Corporation
2. The enterprise legal name is:
Insmat Insurance Brokerage, Inc.
3. The enterprise's fictitious name is:

IN TESTIMONY WHEREOF, the undersigned have caused this application to be executed this
3rd day of January, 2014


Individual Signature of Lawrence Koresko

0442120140103

To avoid any delay or rejection, signature form(s) should be received within 7-10 days
of the registration submission date.

PA. DEPT. OF STATE
2014 JAN -3 PM 12:38

Received Time Jan. 3, 2014 11:32AM No. 4600