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1/12/15

NAME:

E.C.W. INSURANCE AGENCY AND REAL ESTATE COMPANY

TYPE OF FILING: APPLICATION

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

O: New Filing Section Division of Corporations				
SUBJECT: E.C.W. Insurance Ager	ncy and Real Estate Company			
	n - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	inding" and check are submitted to register the			
Please return all correspondence concerning this matter	er to the following:			
Mary Pienta				
Name of	Person			
Pugliese, Finnegan, Shaffer & F	erntino LLC			
Firm/Con	npany			
575 Pierce Street, Suite 500				
Addr	ress			
Kingston, PA 18704				
City/State a	and Zip code			
marypienta@pfslawyer.com				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	cail:			
Mary Pienta _{at (} 570	, 283-1800			
Name of Person Area	283-1800 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	☐ \$87.50 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co," or "Corp.")			(A)	15
			-	120
				12
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)	
_{2.} Pennsylv	/ania		13 on	တ္
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	2:	
_{4.} 5-13-197	' 5	Perpetual	13	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")	
6				
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		_
8633 S E	Bay Drive, Orlando, FL 32			
7.0000 0. 12	(Principal office add			
8633 S. B	ay Drive, Orlando, FL 3281	•		
	(Current mailing add			
	-			
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Laura J. Wideman			
Office Address:	8633 S. Bay Drive			
	Orlando	, Florida 32819 (Zip code)		
	(City)	(Zip code)		
9. Registered ag	ent's acceptance:			
Having been nan	ed as registered agent and to accept serv	ice of process for the above stated corpora	ition at th	e plac
designated in this	application, I hereby accept the appoint	ment as registered agent and agree to act i	n this cap	acity.
	comply will the provisions of all statutes. familiar with and accept the obligations i	relative to the proper and complete perform	mance of	my

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Director: Laura J. Wideman Address: 8633 S. Bay Drive Orlando, FL 32819 **B. OFFICERS** President: Edmund C. Wideman, III Address: 8633 S. Bay Drive Orlando, FL 32819 Vice President: Secretary: Edmund C. Wideman, III Address: 8633 S. Bay Drive, Orlando, FL 32819 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Edmund C. Wideman, III, President

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JANUARY 9, 2015

15 JAN 12 AM 8: 34

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

E.C.W. INSURANCE AGENCY AND REAL ESTATE COMPANY

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.

Secretary of the Commonwealth

Certification Number: 12345876-1

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