

FIS Uxxxxx 881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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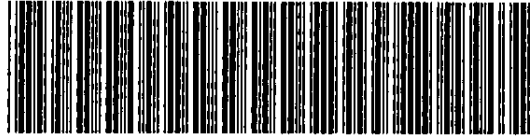
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/15--01037--007 **78.75

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15 MAR -2 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. GILBERT

MAR 3 - 2015

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

2/24/2015

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **Masters Insurance Agency Group, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention.

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Deanna Stanley

Deanna Stanley
President & CEO
Email: dstanley@kennedylicensing.com

Enc: \$78.75 fee, App. in dup., Cert. G.S.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Masters Insurance Agency Group, 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:

Deanna Stanley

Name of Person

Kennedy Licensing Service, Inc.

Firm/Company

4144 N. Central Expy., Suite 800

Address

Dallas, TX 75204

City/State and Zip code

Kpino@hamillins.com

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

For further information concerning this matter, please call:

Deanna Stanley

Name of Person

at (214) 855-0737

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. **Masters Insurance Agency Group, 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. **New York**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **1/14/14**

(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. **120 Linden Oaks, Suite 150 Rochester, NY 14625**

(Principal office address)

120 Linden Oaks, Suite 150 Rochester, NY 14625

(Current mailing address)

8. **Nonresident insurance agency sales and service**

(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: **Registered Agent Solutions, Inc.**

Office Address: **155 Office Plaza Dr., Suite A**

Tallahassee

(City)

Florida 32301

(Zip code)

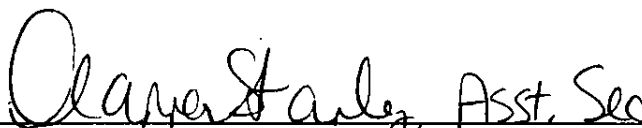
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TALLAHASSEE, FLORIDA

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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.



(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **SEE ATTACHED LIST**

Address: _____

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. Kevin Pino, President

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

**MASTERS INSURANCE AGENCY GROUP, INC.
OFFICERS / STOCKHOLDERS**

Kevin Pino
President / CEO
469 Maplewood Lane
Webster, NY 14580

Gary Cardinale
Vice President
106 Hunters Ridge Road
Orchard, NY 14127

Wade Corby
Vice President
210 Tawny Crescent
Oakville, Ontario Canada L6L 6T1

Michael Ciccolini
Vice President
87 Grand Vellore Cres.
Woodbridge, Ontario
L4H 0P1

Robert Anthony Ciccolini
Secretary / Treasurer
31 Montessor Drive
Toronto, Ontario
M2P 1Y9

Frank Robert Ciccolini
Vice President
804-77 Charles Street
Toronto, Ontario
M5S 0B2

Pino LLC
25% Stockholder
469 Maplewood Lane
Webster, NY 14580

Cardinale LLC
25% Stockholder
106 Hunters Ridge Road
Orchard Park, NY 14127

Masters Insurance Limited
26% Stockholder
7501 Keele St., Suite 400
Concord, Ontario L4K 1 Y2 Canada

Firglen Ridge Holdings Ltd.
6% Stockholder
7501 Keele St., Suite 400
Concord, Ontario L4K 1 Y2 Canada

Crispin Holdings Inc.
6% Stockholder
7501 Keele St., Suite 400
Concord, Ontario L4K 1 Y2
Canada

Chapman Road Holdings Inc.
6% Stockholder
7501 Keele St., Suite 400
Concord, Ontario L4K 1 Y2
Canada

Max-Lini Holdings Inc.
6% Stockholder
7501 Keele St., Suite 400
Concord, Ontario L4K 1 Y2
Canada

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MASTERS INSURANCE AGENCY GROUP, INC. was filed on 01/14/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of February two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State