

F15000005197

(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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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 24 2015



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15 NOV 23 PM 3: 10

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

November 9, 2015

TAMMY KLUMA
ILSA, INC.
111 N RAILROAD ST.
GROESBECK, TX 76642

SUBJECT: THE LEONARD INSURANCE AGENCY, INC.
Ref. Number: W15000073849

We have received your document for THE LEONARD INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L09000004135 "THE LEONARD INSURANCE AGENCY, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00023697

November 3, 2015

Region Code 1647

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **The Leonard Insurance Agency, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check # 22133 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,

Tammy Kluna

Tammy Kluna
Licensing & Compliance Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6158
Fax: 254.729.8069
Email: tkluna@ilsainc.com

37890

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Leonard Insurance Agency, 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:

Tammy Kluna
Name of Person

ILSA, Inc.
Firm/Company

111 N. Railroad St.
Address

Groesbeck, TX 76642
City/State and Zip code

Debi@leonardagency.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Kluna at (254) 729-6158
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. The Leonard Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Leonard Agency, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MA 3. 04-3496504
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/1999 5. _____
(Date of incorporation) (Date of duration, if other than 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. 683 Main Street Suite B, Osterville, MA 02655
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

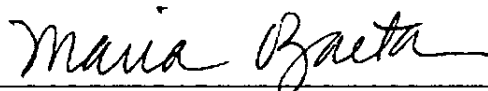
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.



(Registered agent's signature)

Maria Ozaeta, 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Deborah James

Address: 683 Main Street Suite B Osterville, MA 02655

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Deborah E James
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Deborah James - President

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

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2015 NOV 23 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: October 26, 2015

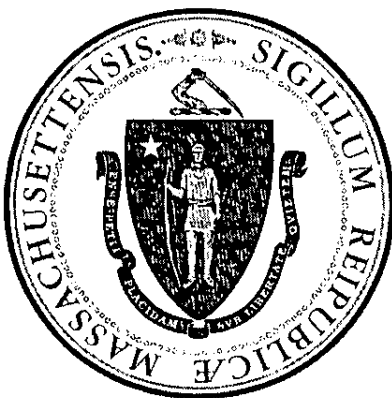
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern :

I hereby certify that according to the records of this office,

THE LEONARD INSURANCE AGENCY, INC.

is a domestic corporation organized on **December 29, 1999** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 15105951090

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: hma