

File 000000218

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(Business Entity Name)

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16 JAN 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. G. JAN 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

PTZ Insurance Agency, Ltd.

SUBJECT: _____
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:

Suryakant Bheem

Name of Person

PTZ Insurance Agency, Ltd.

Firm/Company

710 Dorval Drive, Suite 700

Address

Oakville, Ontario L6K 3V7

City/State and Zip code

Suryakant.Bheem@PethealthInc.com

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

For further information concerning this matter, please call:

Suryakant Bheem

905

339-4436

at (_____) _____

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



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2015

SURYAKANT BHEEM
710 DORVAL DRIVE, STE 700
OAKVILLE, ONTARIO L6K 3V7,

SUBJECT: PTZ INSURANCE AGENCY, LTD.
Ref. Number: W15000075311

We have received your document for PTZ INSURANCE AGENCY, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$2,600.00.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 115A00024236

RECEIVED
2016 JAN 13 AM 11:12
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. PTZ INSURANCE AGENTY, LTD. CORPORATION

(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. Illinois 3. 36-4431248
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 26, 2001 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. February 26, 2001
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3315 E. Algonquin Road, Suite 450, Rolling Meadows, IL 60008
(Principal office address)
710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7
(Current mailing address, if different)

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

Name: CT 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.

Candice Pignataro

(Registered agent's signature)

Candice Pignataro
Assistant Secretary

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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16 JAN 13 AM 8:25
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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Sean Smith
Address: 710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7 Canada

Vice Chairman: N/A
Address: _____

Director: Sean Smith
Address: 710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7 Canada

Director: Dorothy Whitaker
Address: 2850 Lake Vista Drive, Lewisville, TX 75067

B. OFFICERS

President: Sean Smith
Address: 710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7 Canada

Vice President: Barry Harold
Address: 710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7 Canada

Secretary: Harpreet K. Sidhu
Address: 710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7 Canada

Chief Financial Officer: Alan Maresky
~~Treasurer:~~
Address: 710 Dorval Drive, Suite 700, Oakville, Ontario L6K 3V7 Canada

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

12. x *Alan Maresky* 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. Alan Maresky, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

Addendum to the Application by Foreign Corporation for Authorization to Transact Business in Florida listing additional officers and/or directors.

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

A. DIRECTORS

Director: Mike Bullen

Address: 2850 Lake Vista Drive, Lewisville, TX 75067

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

File Number

6149-492-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PTZ INSURANCE AGENCY, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 26, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of NOVEMBER A.D. 2015 .

Jesse White

SECRETARY OF STATE