

F16000001794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

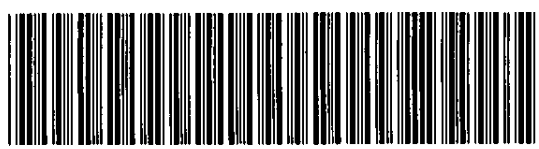
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/18/16--01011--001 \*\*253.75

RECEIVED  
DEPARTMENT OF STATE  
16 APR 18 AM 10:52

FILED  
2016 APR 18 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 19

**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724  
Toll Free: 844-541-6792

DATE: 4-18-16

WALK IN

ENTITY NAME: INSUL - CO. INC.

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

Plain Copy

Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 78.75

CHECK NUMBER: 2417

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

*Tina Goff, President*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** INSUL-CO. 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:

Gary M. Kanaley

Name of Person

Duke Holzman Photiadis & Gresens LLP

Firm/Company

701 Seneca Street, Suite 750

Address

Buffalo, New York 14210

City/State and Zip code

jswanson@jrswanson.com

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

For further information concerning this matter, please call:

Gary M. Kanaley

Name of Person

at ( 716 ) 855-1111

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. INSUL-CO. 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. 26-4581135

(FEI number, if applicable)

4. July 8, 2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

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

7. 413 -103Rd Street, Niagara Falls, New York 14304

(Principal office address)

413 -103Rd Street, Niagara Falls, New York 14304

(Current mailing address)

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

Name: James R. Swanson

Office Address: 2935 SW 25th Street

Cape Coral

(City)

Florida 33914

(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)

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.

SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: James R. Swanson  
Address: 413 -103Rd Street, Niagara Falls, New York 14304

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: James R. Swanson  
Address: 413 -103Rd Street, Niagara Falls, New York 14304

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

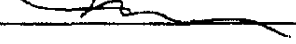
President: James R. Swanson  
Address: 413 -103Rd Street, Niagara Falls, New York 14304

Vice President: James R. Swanson  
Address: 413 -103Rd Street, Niagara Falls, New York 14304

Secretary: James R. Swanson  
Address: 413 -103Rd Street, Niagara Falls, New York 14304

Treasurer: James R. Swanson  
Address: 413 -103Rd Street, Niagara Falls, New York 14304

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. James R. Swanson, President  
(Typed or printed name and capacity of person signing application)

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of INSUL-CO. INC. was filed on 07/08/2009, 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 15th day of April  
two thousand and sixteen.*

A handwritten signature in cursive script that reads "Anthony Giardina".

Anthony Giardina  
Executive Deputy Secretary of State

SECRETARY OF STATE  
TALLAHASSEE/FLORIDA

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