

F16000005738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

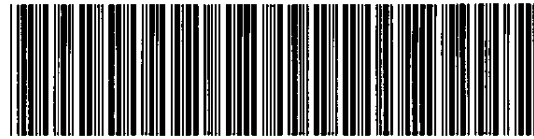
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200293439002

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 29 AM 9:48

RECEIVED  
DEPT. OF REVENUE

16 DEC 29 PM 4:23

K. SALY

DEC 30 2016



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 440699 7121888

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : December 28, 2016

ORDER TIME : 3:40 PM

ORDER NO. : 440699-010

CUSTOMER NO: 7121888

FOREIGN FILINGS

NAME: TENNEY MOUNTAIN INSURANCE  
AGENCY, INC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tenney Mountain 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:

Laurie A Branch, Asst. Secretary

Name of Person

Tenney Mountain Insurance Agency, Inc.

Firm/Company

PO Box 806

Address

Olean, NY 14760

City/State and Zip code

licensing@iroquoisgroup.com

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

For further information concerning this matter, please call:

Laurie A Branch

at ( 716 ) 3735511

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.*

Tenney Mountain Insurance Agency, Inc.

1. \_\_\_\_\_  
(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 Hampshire 3. 81-4767489  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/21/2016 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 607 Tenney Mountain Hwy, Plymouth NH 03264  
(Principal office address)
- PO Box 806, Olean, NY 14760  
(Current mailing address, if different)

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

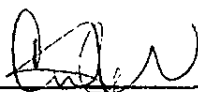
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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)

Courtney Williams  
Asst. 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.

FILED  
2016 DEC 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2016 DEC 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached

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

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

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

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

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

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

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

B. OFFICERS

President: see attached

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

Vice President: \_\_\_\_\_

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

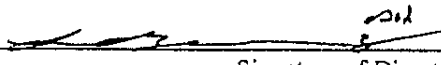
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12.  12-27-16  
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. Laurie A Branch Asst Secretary  
(Typed or printed name and capacity of person signing application)

Tenney Mountain Insurance Agency, Inc.

Directors:

Chair: Laurie A Branch

304 Van Buren Ave.

Olean, NY 14760 USA

Matthew L Ward

11202 Buckhead Court

Midlothian, VA 23112 USA

Amy L Branch-Benoliel

520 East Gravers Lane

Wyndmoor, PA 19038 USA

Joseph G Chiapuso

1132 Queen Street

Olean, NY 14760 USA

---

---

Officers:

President: Kevin McKay

39 Sparhawk Drive

Londonderry NH 03053

Vice President: Matthew L Ward

11202 Buckhead Court

Midlothian, VA 23112 USA

Asst Secretary; Treasurer: Laurie A Branch

304 Van Buren Ave.

Olean, NY 14760 USA

Vice President: Joseph G Chiapuso

1132 Queen Street

Olean, NY 14760 USA

Secretary: Amy L Branch-Benoliel

520 East Gravers Lane

Wyndmoor, PA 19038 USA

FILED  
2016 DEC 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

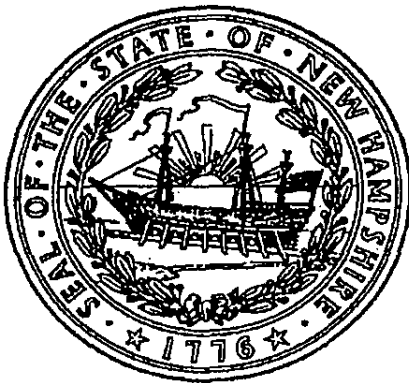
**State of New Hampshire  
Department of State**

**FILED**  
2016 DEC 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TENNEY MOUNTAIN INSURANCE AGENCY, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 21, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 761694



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 29th day of December A.D. 2016.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State