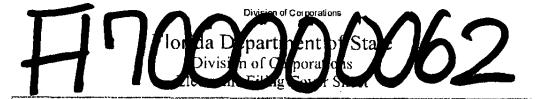
1/5/2017



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FOREIGN PROFIT/NONPROFIT CORPORATION BTS INSURANCE AGENCY, INC.

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Help

D. SCOTT

JAN 6 2017

1. BTS Insurance Agency, Inc.

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.

"Inc.," "Co.," "C	Corporation; must includ Corp," "Inc," "Co," or "C	e "INCORPORATED Drp.")	," "COMPANY," "	CORPORATION,"
(If name unavai)	able in Florida, enter alt	ernate corporate name	adopted for the pur	pose of transacting business in Florida)
2. Maine		3.	81-3592640	
(State or count	ry under the law of whic	h it is incorporated)	(1	FEI number, if applicable)
4. 08/09/2016		5.	Perpetual	
(Date	of incorporation)		(Date of	duration, if other than perpetual)
6. Upon Qualifica				
		st transacted business i NS 607.1501 & 607.1		
7. 491 Main Street,	Bangor, ME 04401			
		(Princi	pal office address)	
PO Box 1388, B	angor, ME 04402		ng address, if differe	
3. Name and <u>stree</u> Name:	et address of Florida r		O. Box NOT acce	eptable)
		nd Road		ECRE ECRE
	1200 South Pine Isla	nd Road		ALL ALIS
	1200 South Pine Isla		, Florida <u>33</u>	324 Sin code)
Office Address: 9. Registered ag: Having been nam designated in this further agree to c	Plantation Plantation (ent's acceptance: sed as registered agent application, I hereby	City) It and to accept serv It accept the appoint Is statutes	ice of process for ment as registered relative to the proj	Zip code) the above stated corporation at the plast agent and agree to act in this capacity per and complete performance of my
Office Address: 9. Registered ag Having been nam designated in this further agree to c	Plantation Plantation ent's acceptance: ted as registered agent application, I hereby	City) It and to accept serve It accept the appoint Sions of all statutes ept the obligations of	ice of process for ment as registered relative to the pro of my position as r	the above stated corporation at tine pla I agent and agree to act in this capacit per and complete performance of my
Office Address: 9. Registered ag: Having been nam designated in this further agree to c duties, and I am f	Plantation Plantation ent's acceptance: aed as registered agen application, I hereby omply with the provis	City) It and to accept serve It accept the appoint Sions of all statutes ept the obligations of	ice of process for ment as registered relative to the pro of my position as r	the above stated corporation at tine pla I agent and agree to act in this capacit per and complete performance of my

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.

€.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS SEE ATTACHMENT	
Chairman: Woodrow W. Cross	
Address: 491 Main Street	
Bangor, ME 04401	
Vice Chairman:	
Address:	
	ч
Director:	
Address:	
	
Director;	
Address:	
B. OFFICERS SEE ATTACHMENT	
President: Royce M. Cross	
Address: 491 Main Street	
Bangor, ME 04401	
Vice President:	
	-
Address:	
Secretary:	जे ति
Address:	
Treasurer:	<u> </u>
Address:	2
NOTE: If necessary, you may attack and added and to the application listing additional officers and/or director	ors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts sta	ted herein
are true and that he or she is aware that false information submitted in a document to the Department of State	
a third degree felony as provided for in s.817.155, F.S.	
13. Royce M. Cross, President (Typed or printed name and capacity of person signing application)	
(1) beg of brunes have and capacity of belaon signing appreasion)	

Attachment to Florida Officers & Directors

Full Name: 1

Jonathan M. Cross

Officer/Director:

Officer, Director

Officer's Title:

Executive Vice President

Director's Title:

Director

Business Address:

491 Main Street

City:

Bangor

State:

ME

ZIP Code:

04401

Full Name:

Royce M. Cross

Officer/Director:

Officer, Director

Officer's Title:

President

Director's Title:

Director

Business Address:

491 Main Street

City:

Bangor

State:

ME

ZIP Code:

04401

felt!

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that BTS INSURANCE AGENCY, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is August 09, 2016.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on hehalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State. said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this fifth day of January 2017.

Matthew Dunlap Secretary of State

