F17000000993

| (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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February 20, 2017

KESTON WHITE-MARIN 110 SE 6TH STREET, SUITE 1700 FORT LAUDERDALE, FL 33301

SUBJECT: CROCKER, WHITE AND FRISHBERG INSURANCE AGENCY, INC.

Ref. Number: W17000014804

We have received your document for CROCKER, WHITE AND FRISHBERG 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

NEED A CERTIFICATE OF FACT FROM TEXAS SHOWING ENTITY IS IN GOOD STANDING,

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.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 717A00003332

COVER LETTER

| TO: | | tration Se ion of Co | ction porations | | | | | |
|------------------------|-----------------------------------|-------------------------------------|--|---------------|-------------|--|------------------------|--|
| OF ID. I | E.C.T. | Crocker, | White, and Frishber | g Insurance | Agency, I | nc | | |
| SUBJ | EC1: | · | Name | of corporat | ion - mus | t include suffix | | |
| Dear S | Sir or M | adam: | | | | | | |
| "Certif | ficate of | f Existenc | tion by Foreign Core," or "Certificate on corporation to t | of Good S | tanding" | and check are sul | | |
| Please | return a | all corresp | ondence concern | ing this ma | tter to the | following: | | |
| Keston | White-l | Marin | | | | | | |
| | | | | Name | of Person | | | |
| Crocke | er, White | e, and Frish | iberg Insurance Age | ency, Inc | | | | |
| | • | | | Firm/C | ompany | | | |
| 110 SE | E 6 Stree | t, Suite 17 | 00 | | | | | |
| | _ | | <u> </u> | Ad | dress | · · · · · · · · · · · · · · · · · · · | 1 | |
| Fort La | auderdal | e, FL 3330 |) 1 | | | | | |
| | | | | City/Stat | e and Zip | code | | |
| Keston | @ThcM | loncyMan | | | | | | |
| | | | E-mail address | : (to be use | ed for futt | are annual report | notific | ation) |
| For fu | rther inf | o r mation | concerning this n | natter, pleas | se call: | | | |
| Keston White-Marin 305 | | | 305 at (| 458 | 8-8170 | | | |
| | Name | e of Perso | n | Area C | ode | Daytime Telep | hone l | Number |
| | Regis Divisi Clifto 2661 | tration Se on of Co n Buildin | porations g Center Circle | S: | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I | Section orpora 7 | tions |
| Enclos | sed is a | check for | the following amo | ount: | | | | |
| 3 \$70 |).00 Fil: | ing Fee | S78.75 Filin Certificate of | _ | | 75 Filing Fee & ified 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.

| Crocker, White, | and Frishberg Insurance Agency, Inc | | | | | |
|--------------------------------|---|---|--|--|--|--|
| (Enter name of co | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATIO" | N," | | | |
| (If name unavaila | nble in Florida, enter alternate corporate name ad- | opted for the purpose of transacti | ng business in Florida) | | | |
| 2. Texas 3. 81-4967112 | | | | | | |
| (State or countr 01/17/2017 | (FEI number, if a | pplicable) | | | | |
| | of incorporation) 5. | | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | | |
| | | | | | | |
| | (Date first transacted business in F | lorida, if prior to registration) | | | | |
| Z410 D D | (SEE SECTIONS 607.1501 & 607.1502 | 2, F.S., to determine penalty habit | lity) | | | |
| ·—————— | toad, Suite 10, Houston, TX 77057 | | | | | |
| | (Principal | office address) | | | | |
| | (Current mailing | address, if different) | ASS. | | | |
| . Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | 10 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × | | | |
| Name: | Keston White-Marin | <u> </u> | A R | | | |
| Office Address: | 110 SE 6 Street, Suite 1700 | | TE IDA | | | |
| | Fort Lauderdale, FL | 33301 , Florida | | | | |
| | (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)

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. DIK | ECTORS Various White Aliceia | | |
|------------|---|------------------------------------|---|
| Chairman | | | |
| Address: | 110 SE 6 Street, Suite 1700 | | |
| | Fort Lauderdale, FL 33301 | | ^ |
| Vice Cha | John Crocker irman: | | |
| Address: | 110 SE 6 Street, Suite 1700 | | |
| | Fort Lauderdale, FL 33301 | | |
| Director: | Elisea T. Frishberg | | |
| Address: | 110 SE 6 Street, Suite 1700 | | |
| | Fort Lauderdale, FL 33301 | | |
| Director: | | | |
| Address: | | ·· ., 🖼 | |
| | | 28 7 | |
| B. OFF | TICERS | | |
| | Keston White-Marin | | |
| Address: | 110 SE 6 Street, Suite 1700 | STALL ORI | |
| | Fort Lauderdale, FL 33301 | E DA | , |
| Vice Pres | John Crocker sident: | | |
| Address: | 110 SE 6 Street, Suite 1700 | | |
| | Fort Lauderdale, FL 33301 | | |
| Secretary | Elisea T. Frishberg | | |
| Address: | 110 SE 6 Street, Suite 1700 Fort Lauderdale, FL 33301 | | |
| Treasurer | • | | |
| Address: | | | |
| NOTE: | If necessary, you may atach an addendum to the application listing add | itional officers and/or directors. | |
| 12 | Mer Abley | | |
| T1 | Signature of Director or Officer | | |
| are true a | cer or director signing this document (and who is listed in number 1) abound that he or she is aware that false information submitted-in a document agree felony as provided for in s.817.155, F.S. | | |
| 13. Elise | ea T. Frishberg, Director | | |
| | (Typed or printed name and capacity of person signing) | innlication) | |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Crocker, White and Frishberg Insurance Agency, Inc. (file number 802627091), a Domestic For-Profit Corporation, was filed in this office on January 17, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 23, 2017.



Phone: (512) 463-5555

Rolando B. Pablos Secretary of State

TID: 10264