

F170000001511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

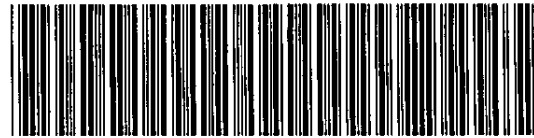
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

S Warren

APR 03 2017

111 N RAILROAD ST,
GROESBECK, TX 76642



PHONE: 254.729.8002
FAX: 254.729.8069

March 27, 2017

Region Code 433

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **W. T. Phelan & Co. Insurance Agency, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #26331 Amount \$70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Dee Bilbrey

Dee Bilbrey
Licensing & Compliance Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6147
Fax: 254.729.8069
Email: dbilbrey@ilsainc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W. T. Phelan & Co. 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:

Dee Bilbrey
Name of Person

ILSA
Firm/Company

111 N Railroad
Address

Groesbeck, TX 76642
City/State and Zip code

Jeanne.Barber@WTPHELAN.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dee Bilbrey at (254) 729.6147
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.*

W. T. Phelan & Co. 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. MA _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/12/1965
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

- 1812 Massachusetts Avenue Cambridge, MA 02140
7. _____
(Principal office address)
63 Trapelo Rd. Belmont, MA 02478

(Current mailing address, if different)

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

Name: C T 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.

Jan M. Halpin James Halpin, Assistant Secretary
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Richard R. Ramsey, Jr.

Address: 23 Sheffield West Winchester, MA 01890

Vice Chairman:

Address:

Director: David L. Ramsey

Address: 53 Beatrice Circle Belmont, MA 02478

Director: Robert J. Ramsey

Address: 51 Prentiss Lane Belmont, MA 02478

B. OFFICERS

President: Richard R. Ramsey, Jr.

Address: 23 Sheffield West Winchester, MA 01890

Vice President: David L. Ramsey / Robert J. Ramsey

Address: 53 Beatrice Circle Belmont, MA 02478 / 51 Prentiss Lane Belmont, MA 02478

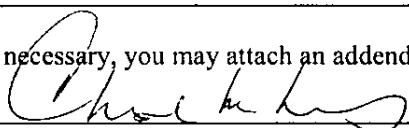
Secretary:

Address:

Treasurer: Christine M. Lyons

Address: 483 Belmont St Belmont, MA 02478

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

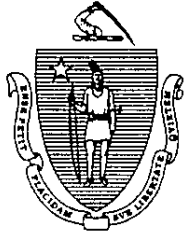
12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 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. CHRISTINE M LYONS, TREASURER

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TAMMSEEE FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

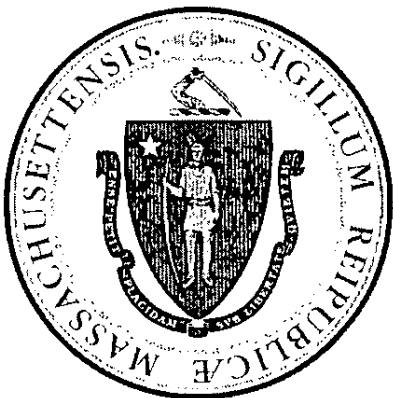
Date: March 24, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office,

W. T. PHELAN & CO. INSURANCE AGENCY, INC.

is a domestic corporation organized on **November 12, 1965** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation: that. said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 17030467220

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: