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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations
TOWER PROGRAM INSURANCE SERVICES, INC.

SUBJECT: _____
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:
ANDREW PATRICK SHEA, JR.

Name of Person
TOWER PROGRAM INSURANCE SERVICES, INC.

Firm/Company
2101 WOOD ACRE LANE

Address
AUSTIN, TEXAS 78733-2153

City/State and Zip code
patrick.shea@towerinsuranceprogram.com

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

For further information concerning this matter, please call:

ANDREW PATRICK SHEA, JR. 512 426-8302

Name of Person at () _____
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.*

TOWER PROGRAM INSURANCE SERVICES, 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)
TEXAS 27-1821219

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
02/02/2010 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2101 WOOD ACRE LANE AUSTIN, TEXAS 78733-2153

7. _____
(Principal office address)
SAME

(Current mailing address, if different)

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

PARACORP INCORPORATED

Name:

155 OFFICE PLAZA DRIVE, 1ST FLOOR

Office Address:

TALLAHASSEE

32301

_____, 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.

- see attached -

(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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

ANDREW PATRICK SHEA, JR.

President: _____

2101 WOOD ACRE LANE

Address: _____

AUSTIN, TEXAS 78733-2153

GARY SCOTT HERMESMEYER

Vice President: _____

P.O. BOX 288

Address: _____

GOLDTHWAITE, TEXAS 76844

GARY SCOTT HERMESMEYER

Secretary: _____

P.O. BOX 288 GOLDTHWAITE, TEXAS 76844

Address: _____

Treasurer: _____

Address: _____

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.

ANDREW PATRICK SHEA, JR. PRESIDENT

13. _____

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

17 APR 13 PM 4:10
CLERK

4-3-2017

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

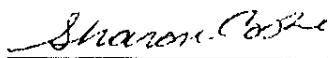
DATE: 3/10/2017

ENTITY NAME: TOWER PROGRAM INSURANCE SERVICES, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in cursive script, appearing to read "Sharon Cooke", is written over a horizontal line.

Sharon Cooke, Assistant Secretary
Paracorp Incorporated

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 Tower Program Insurance Services, Inc. (file number 801224840), a Domestic For-Profit Corporation, was filed in this office on February 02, 2010.

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 March 14, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State