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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations
AW Insurance Agency, 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:
Courtney Wentworth

Name of Person	
Cross Insurance	

PO Box 1388	Firm/Company
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Bangor, ME 04402

City/State and Zip code _____
 licensing@crossagency.com or licensing@crossinsurance.com

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

For further information concerning this matter, please call:

Courtney Wentworth 207 947-7345
_____ at (_____) _____
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.*

AW Insurance Agency, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Appleby & Wyman Insurance Agency, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Maine

82-1239652

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

04/12/2017

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)

491 Main Street, Bangor, ME 04401

7. _____
(Principal office address)

PO Box 1388, Bangor, ME 04402

(Current mailing address, if different)

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

C T Corporation System

Name: _____

1200 South Pine Island Road

Office Address: _____

Plantation

33324

(City)

, Florida

(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.

Ternell Kearney

Ternell Kearney 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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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Royce M. Cross

Chairman:

491 Main Street

Address:

Bangor, ME 04401

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Lisa Marciano

President:

152 Conant Street, Beverly, MA 01915

Address:

Jonathan M. Cross

Vice President:

491 Main Street, Bangor, ME 04401

Address:

Secretary:

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.

Director/Chairman

13. _____

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 AW INSURANCE AGENCY, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is April 12, 2017.

I further certify that on:

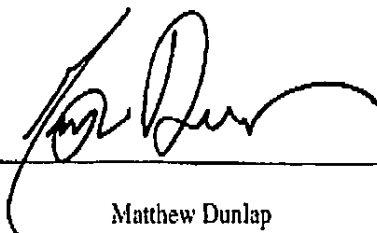
April 12, 2017 ARTICLES OF INCORPORATION were filed.

No further amendments have been filed to date.

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 behalf 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 tenth day of May 2017.




Matthew Dunlap
Secretary of State

BUSINESS CORPORATION

STATE OF MAINE

**STATEMENT OF INTENTION
TO DO BUSINESS UNDER
AN ASSUMED OR FICTITIOUS NAME**

AW Insurance Agency, Inc.

(Real Name of Corporation)

Filing Fee for an Assumed Name \$125.00

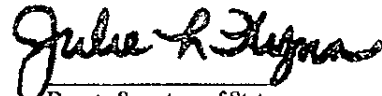
File No. 20170856 D Pages 2

Fee Paid \$ 125

DCN 2171641600069 ANME

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06/12/2017


Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 13-C MRSA §404, the undersigned corporation executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.)

☒ assumed name (13-C MRSA §404.1)

☐ fictitious name (13-C MRSA §404.2)

The corporation intends to transact business under the assumed or fictitious name of

Appleby & Wyman Insurance Agency

Please note: A fictitious name is a name adopted by a foreign corporation authorized to transact business in this State because its real name is unavailable pursuant to 13-C MRSA §401.

Complete the following if applicable:

SECOND: If the assumed name is to be used at fewer than all of the corporation's places of business in this State, the location(s) where it will be used is (are):

THIRD: (Foreign Corporation Only)

Jurisdiction of incorporation _____ and the date on which

the corporation was authorized to transact business in Maine _____