

F170000002973

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Namie Chg/CC

JUL 27 2018  
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AW Insurance Agency, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F17000002973

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alice Dyer

\_\_\_\_\_  
Name of Contact Person

Cross Insurance

\_\_\_\_\_  
Firm/Company

PO Box 1388

\_\_\_\_\_  
Address

Bangor, ME 04402

\_\_\_\_\_  
City/State and Zip Code

licensing@crossagency.com

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

For further information concerning this matter, please call:

Alice Dyer

207 947-7345

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

☒

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2018 JUL 24 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Title of person signing)

# 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 that the paper to which this is attached is a true copy from the records of this Department.

*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 eleventh day of July 2018.



A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal line.

Matthew Dunlap  
Secretary of State

# 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 APPLEBY & WYMAN INSURANCE AGENCY, INC., formerly 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.
June 12, 2017	ASSUMED NAME was filed.
June 28, 2018	CHANGE OF LEGAL NAME was 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 ninth day of July 2018.*



A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal line.

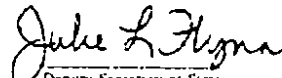
Matthew Dunlap  
Secretary of State

DOMESTIC  
BUSINESS CORPORATION  
STATE OF MAINE  
ARTICLES OF AMENDMENT

AW Insurance Agency, Inc.  
(Name of Corporation)

Online Fee \$50.00

File No. 20170856 D Pages 2  
Fee Paid \$ 50  
DCN 2181862260008 LNME  
FILED  
05/28/2018

  
Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 13-C MRSA §1006, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: The text of the amendment or the information required by 13-C MRSA §121.10.E as set forth in Exhibit A attached, was adopted on (date) June 19, 2018.

The amendment was duly approved as follows ("X" one box only.)

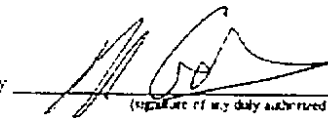
- ☐ by the incorporators - shareholder approval was not required OR  
☐ by the board of directors - shareholder approval was not required OR  
☒ by the shareholders in the manner required by this Act and by the articles of incorporation.

SECOND: If the amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are set forth in Exhibit      or as follows:

THIRD: The effective date of the articles of amendment (if other than the date of filing of the articles of amendment) is date of filing                     .

DATED 6/19/2018

\*By

  
(Signature of my duly authorized person)

Royce M. Cross, Chairman of the Board

(Type or print name and capacity)

\*This document MUST be signed by any duly authorized officer OR the clerk. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101  
FORM NO. MBCA-9 (1 of 1) Rev. 8/1/2004 TEL. (207) 624-7752

Exhibit A

to

ARTICLES OF AMENDMENT

of

AW-INSURANCE AGENCY, INC.

RESOLVED: That the name of the Corporation hereby is changed to

"Appleby & Wyman Insurance Agency, Inc."

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 2171541600069 ANME  
-----FILED-----  
05/12/2017

  
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 \_\_\_\_\_

FORM NO. MBCA-5 (1 of 2)



DATED June 8, 2017

\*By   
(signature of any duly authorized officer)

Royce M. Cross, Chairman of the Board of Directors  
(type or print name and capacity)


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\*This document **MUST** be signed by any duly authorized officer **OR** the clerk. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101  
FORM NO. MBCA-5 (2 of 2) Rev. 8/1/2004 TEL. (207) 624-7752

DOMESTIC  
BUSINESS CORPORATION  
STATE OF MAINE  
ARTICLES OF INCORPORATION

FILED  
File No. 20170856 D Pages 2  
Fee Paid \$ 145  
DCN 2171032260001 ART1  
FILED  
04/12/2017  
  
Deputy Secretary of State  
A True Copy When Attested By Signature  
Deputy Secretary of State

Pursuant to 13-C MRSA §202, the undersigned executes and delivers the following Articles of Incorporation:

FIRST: The name of the corporation is AW Insurance Agency, Inc.

SECOND: ("X" only if applicable)

☐ This is a professional corporation\*\* formed pursuant to 13 MRSA Chapter 20-A to provide the following professional services:

\_\_\_\_\_  
(type of professional services)

THIRD: The Clerk is at (select either a Commercial or Noncommercial Clerk - Person must be a Maine resident)

☐ Commercial Clerk CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(name of commercial clerk)

☒ Noncommercial Clerk

Sarah S. Zmistowski

\_\_\_\_\_  
(name of noncommercial clerk)

80 Exchange Street, Bangor, ME 04401

\_\_\_\_\_  
(physical location, not P.O. Box - street, city, state and zip code)

P.O. Box 1210, Bangor, ME 04402-1210

\_\_\_\_\_  
(mailing address if different from above)

FOURTH: Pursuant to 5 MRSA §109.3, the clerk as listed above has consented to serve as the clerk for this corporation.

FIFTH: ("X" one box only)

☒ There shall be only one class of shares. The number of authorized shares is 3,000

(Optional) Name of class: Common

☐ There shall be two or more classes or series of shares. The information required by 13-C MRSA §601 concerning each such class and series is set forth in Exhibit        attached hereto and made a part hereof.

Form No. MBCA-6 (1 of 2)

SIXTH: ("X" one box only)

- ☒ The corporation will have a board of directors.
- ☐ There will be no directors; the business of the Corporation will be managed by shareholders. (13-C MRSA §743)

SEVENTH: (For corporations with directors, each of the following provisions is optional – "X" only if applicable)

- ☒ The number of directors is limited as follows: not fewer than 1 nor more than 5 directors.  
(13-C MRSA §503)
- ☒ To the fullest extent permitted by 13-C MRSA §262.2 D, a director shall have no liability to the Corporation or its shareholders for money damages for an action taken or a failure to take an action as a director.
- ☒ Except as otherwise specified by contract or in its bylaws, the Corporation shall in all cases provide indemnification (including advances of expenses) to its directors and officers to the fullest extent permitted by law.  
(13-C MRSA §§202, 357 and 859)

EIGHTH: ("X" only if applicable)

- ☐ The Corporation elects to have preemptive rights as defined in 13-C MRSA §641.

NINTH: ("X" only if applicable)

- ☐ Additional provisions of these Articles of Incorporation are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof. (13-C MRSA §202)

TENTH: Name and address of each Incorporator is set forth below or on Exhibit \_\_\_\_ attached hereto

Sarah S. Zmistowski

(type or print name)

80 Exchange Street, P.O. Box 1210

(street or mailing address)

Bangor, ME 04402-1210

(city, state and zip code)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(street or mailing address)

\_\_\_\_\_  
(city, state and zip code)

Dated April 11, 2017

\*By



(signature of incorporator)

Sarah S. Zmistowski, Incorporator

(type or print name)

\*\*The professional corporation name must contain one of the following: "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.". Examples of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7.)

\*These articles must be dated and executed by an incorporator pursuant to the provisions of 13-C MRSA §121.5.

Please remit your payment made payable to the Maine Secretary of State

Submit completed form to: Secretary of State  
Division of Corporations, LLC and Commissions  
101 State House Station, Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752 Email Inquiries: [CRC.Corporation@Maine.gov](mailto:CRC.Corporation@Maine.gov)

Form No. MBCA-6 (2 of 2) Rev. 10/31/2012