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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J
8/11/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM Care Plan Services, 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:

Bryon Nelson

Name of Person

Jewelers Mutual Insurance Company

Firm/Company

24 Jewelers Park Drive

Address

Neenah, WI 54956

City/State and Zip code

bnelson@jminsure.com

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

For further information concerning this matter, please call:

Bryon Nelson

920

521-2450

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.*

JM Care Plan 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)

2. Wisconsin 3. 32-0533433
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 3, 2017 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 24 Jewelers Park Drive, Neenah, WI 54956
(Principal office address)
24 Jewelers Park Drive, Neenah, WI 54956
(Current mailing address, if different)

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

Name: Meenan P.A.
Office Address: 300 South Duval St., Suite 410
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Meenan Law Office

By: _____

(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: D. Scott Murphy

Address: 24 Jewelers Park Drive
Neenah, WI 54956

Vice Chairman:

Address:

Director: Bryon Nelson

Address: 24 Jewelers Park Drive
Neenah, WI 54956

Director: Michael Alexander

Address: 24 Jewelers Park Drive
Neenah, WI 54956

B. OFFICERS

President: D. Scott Murphy

Address: 24 Jewelers Park Drive
Neenah, WI 54956

Vice President: Bryon Nelson

Address: 24 Jewelers Park Drive
Neenah, WI 54956

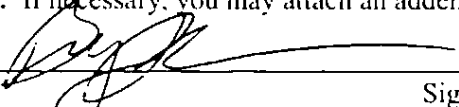
Secretary: Mark Willson

Address: 24 Jewelers Park Drive, Neenah, WI 54956

Treasurer: Kathryn Sieman

Address: 24 Jewelers Park Drive, Neenah, WI 54956

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. Bryon Nelson- Vice President

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

Florida Additional Information

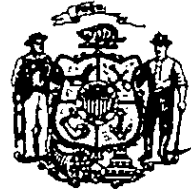
11B. Officers Cont.

Mike Alexander	Senior Vice President	24 Jewelers Park Drive Neenah, WI 54956
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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

JM CARE PLAN SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 03, 2017.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 03, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **204842-DDB5216F**