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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

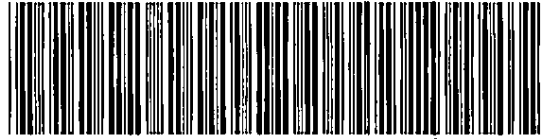
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. WARREN

NOV 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRONTIER 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:

ROY L STANLEY

Name of Person

FRONTIER INSURANCE AGENCY, INC.

Firm/Company

7380 W. Sandlake Rd. Suite 500

Address

Orlando, FL 32819

City/State and Zip code

royleestanley@gmail.com

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

For further information concerning this matter, please call:

Roy L Stanley

407

675-4141

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.

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

FRONTIER INS AGY INC.

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

2. OHIO 3. 31-1121390
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/19/1984 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/25/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 38370 State Route 7 Newport, OH 45768
(Principal office address)
MAILING IS SAME AS ABOVE 7380 W. Sandlake Rd Suite 500 Orlando, FL 32819
(Current mailing address, if different)

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

Name: ROY L STANLEY

Office Address: 636 Birkdale St.

Davenport Florida 33897
(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.

[Handwritten signature]
(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: Roy L. Stanley

Address: 636 Birkdale St Davenport, FL 33897

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: SAME AS ABOVE. ROY L. STANLEY

Address: _____

Vice President: _____

Address: _____

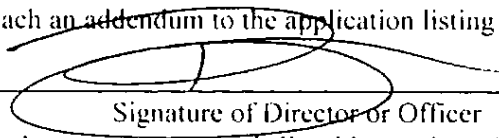
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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


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.

ROY L STANLEY - SOLE OWNER & OFFICER - PRESIDENT

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

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FRONTIER INSURANCE AGENCY, INC., an Ohio corporation, Charter No. 646305, having its principal location in New Matamoras, County of Washington, was incorporated on December 19, 1984 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 25th day of October, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201729801308