

F18000000766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

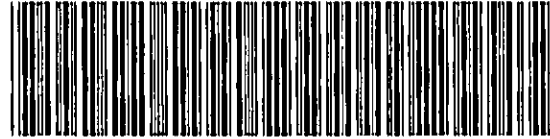
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 FEB 12 AM 8:49
DEPT. OF STATE
EMBASSY, FLORIDA

FEB 15 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extended Protection Administration, 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:

Gina Greuel

Name of Person

American Guardian Warranty Services, Inc.

Firm/Company

4450 Weaver Parkway

Address

Warrenville, IL 60555

City/State and Zip code

ggreuel@agwsinc.com

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

For further information concerning this matter, please call:

Gina Greuel

630

534-4114

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.*

Extended Protection Administration, 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. Illinois 3. 51-0488828
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/4/2003 5. perpetual
(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)

7. 4450 Weaver Parkway, Warrenville, IL 60555
(Principal office address)

P.O. Box 768, Warrenville, IL 60555

(Current mailing address, if different)

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

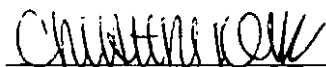
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation , Florida 33324
(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.



**Christine Kelm
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.

18 FEB 12 AM 9:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Rogers P. Freedlund
4450 Weaver Parkway, Suite 200, Warrenville, IL 60555
Address:

Vice Chairman:
Address:

Director: John A. Wendt
4450 Weaver Parkway, Suite 200, Warrenville, IL 60555
Address:

Director: Matthew G. Weil
4450 Weaver Parkway, Suite 200, Warrenville, IL 60555
Address:

B. OFFICERS

President: Rogers P. Freedlund
4450 Weaver Parkway, Suite 200, Warrenville, IL 60555
Address:

Vice President:
Address:

Secretary: Matthew G. Weil
4450 Weaver Parkway, Suite 200, Warrenville, IL 60555
Address:

Treasurer: Richard S. Simmons
4450 Weaver Parkway, Suite 200, Warrenville, IL 60555
Address:

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

12. Richard S. Simmons
Signature of Director or Officer

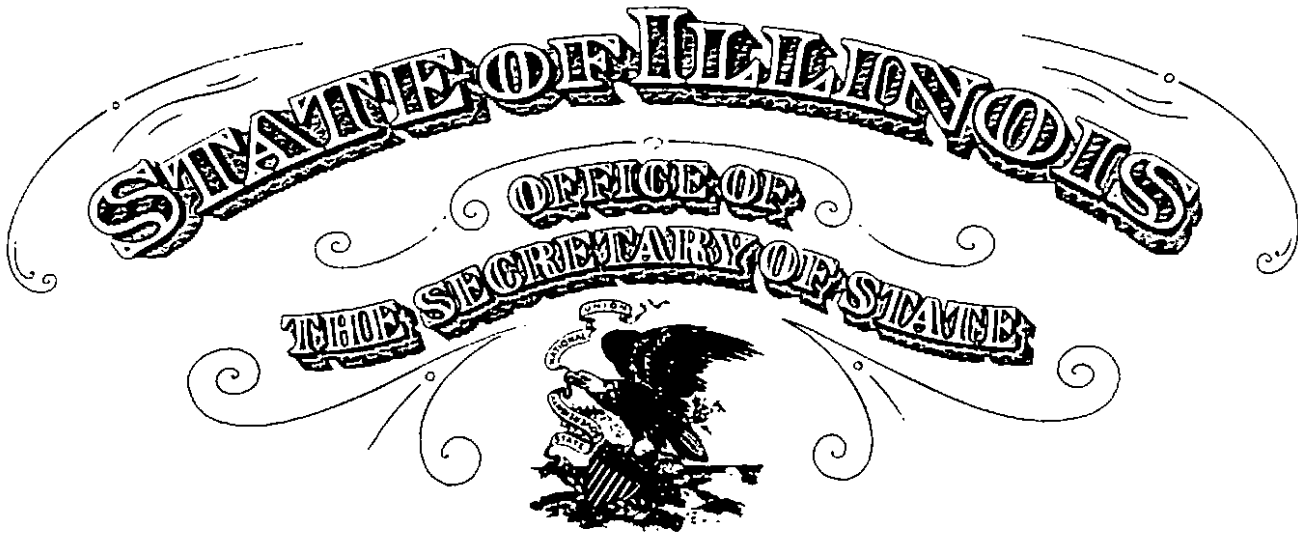
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Richard S. Simmons, Treasurer
(Typed or printed name and capacity of person signing application)

FILED
18 FEB 12 AM 10:49
CLERK OF THE CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

File Number

6317-829-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EXTENDED PROTECTION ADMINISTRATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of NOVEMBER A.D. 2017 .***

Jesse White

SECRETARY OF STATE