

F18000001082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

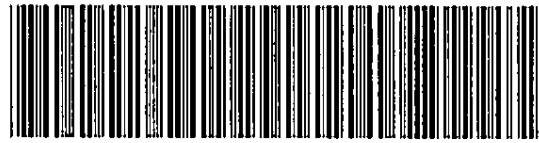
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

penalty, RT  
W17-97369

Office Use Only



600306184456

12/05/17--01035--008 \*\*78.75

600306184456  
03/05/18--01036--002 \*\*1250.00

FILED  
18 MAR -5 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

© SIMMONS

Main Street  
Insurance  
Agency INC.



[www.mainstreetagency.com](http://www.mainstreetagency.com)

120 Main Street, P.O. Box 276  
Attica, New York 14011  
(585) 591-1590  
(fax) 591-1637

February 25, 2018

3260 W. Patton Ave.  
P.O. Box 289  
Bell, Florida 32619  
(352) 463 - 1136  
(fax) 463 - 7634

RE: Main Street Insurance Agency, Inc.  
Ref #: W17000097369

Florida Department of State  
Division of Corporations  
Attn: Octavia L. Simmons, Reg Specialist II  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms Simmons:

Please find attached paperwork with the correction to the registered agent, initialed and dated.

Also enclosed is a check in the amount of \$1250.00 as requested. Please accept the paperwork and check number #5916 to satisfy the requirements to be registered in the State of Florida.

If anything more is needed, please do not hesitate to contact me at the address above or by phone 585-591-1590. I appreciate your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Linda D. Kruszka'.

Linda D. Kruszka

LDK/hoh  
enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Main Street 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:

Linda D. Kruszka

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

Main Street Insurance Agency, Inc.

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

P.O. Box 276

\_\_\_\_\_  
Address

Attica, NY 14011

\_\_\_\_\_  
City/State and Zip code

[linda@mainstreetagency.com](mailto:linda@mainstreetagency.com)

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

For further information concerning this matter, please call:

Linda D. Kruszka	585	591-1590
_____	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.

Main Street Insurance Agency, 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. New York 3. 16-1425938 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/05/1992 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. March 2012 - please see attached letter (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 Main Street, Attica, NY 14011 (Principal office address)

P.O. Box 276, Attica, NY 14011 (Current mailing address, if different)

FILED MAR -5 PM 2:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Name: Main Street Insurance Agency, Inc. Linda D. Kruszka

Office Address: 3260 West Patton Avenue Bell, Florida 32619 (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.

Linda D. Kruszka (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: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. OFFICERS**

President: Linda D. Kruszka

Address: 3377 Syler Road

Varysburg, NY 14167

FILED  
MAR - 5 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

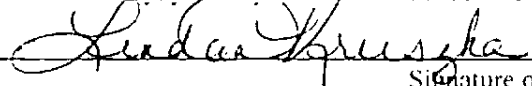
Secretary: \_\_\_\_\_

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.

13. Linda D. Kruszka, President and sole owner

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

**State of New York**  
**Department of State** } **ss:**

I hereby certify, that the Certificate of Incorporation of MAIN STREET INSURANCE AGENCY, INC. was filed on 10/05/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 21st day of November two  
thousand and seventeen.*

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

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*