

F180000001082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

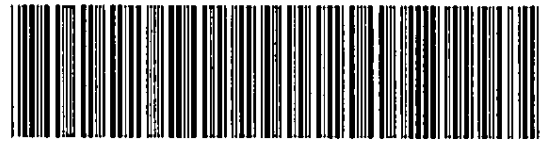
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

penalty, R+
W17-97369

Office Use Only



600306184456

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

© SIMMONS

Main Street
Insurance
Agency INC.



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

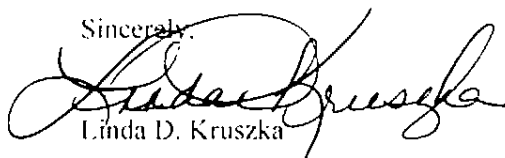
Dear Ms Simmons:

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,



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

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

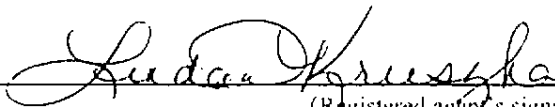
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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.

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


(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Linda D. Kruszka

Address: 3377 Syler Road
Varysburg, NY 14167

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. Linda D. Kruszka
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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", with a long horizontal flourish extending to the right.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*