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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

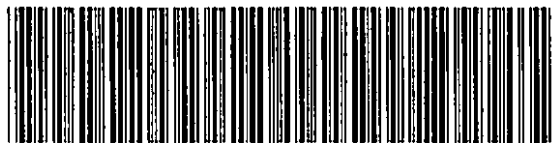
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SAI V

MAR 30 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peter M. Bakker 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:

Kenneth Martin

Name of Person

Insurance Licensing Services of America, Inc.

Firm/Company

111 N Railroad St

Address

Groesbeck, TX 76642

City/State and Zip code

kmartin@ilsaine.com

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

For further information concerning this matter, please call:

Kenneth Martin

Name of Person

at (254) 729-6113

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. Peter M. Bakker Agency, Inc.

(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. CT 3. 060917246
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/27/1974 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. 302 W. Main St., Ste #206 Avon CT 06001-1881
(Principal office address)

(Current mailing address, if different)

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

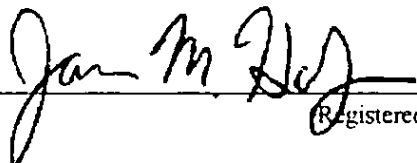
Name: C T Corporation System

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.

x  James Halpin, 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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: J. Bruce Cochrane

Address: 302 W. Main St., Ste #206

Avon

Vice Chairman: _____

Address: _____

Director: Robert Gruhl

Address: 302 W. Main St., Ste #206

Avon

CT

06001-3681

Director: Janet Cochrane

Address: 302 W. Main St., Ste #206

Avon

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B. OFFICERS

President: John Maschi

Address: 302 W. Main St., Ste #206

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Vice President: _____

Address: _____

Secretary: Lyman Bullard

Address: 302 W. Main St., Ste #206

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Treasurer: Robert Gruhl

Address: 302 W. Main St., Ste #206

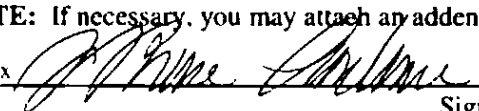
Avon

CT

06001-3681

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

12. x



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. x

J. Bruce Cochrane x Chairman

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

PETER M. BAKKER AGENCY, INC.

a domestic STOCK corporation, was filed in this office on December 27, 1974, a certificate of
dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the
records of this office such corporation is in existence.



Secretary of the State

Date Issued: March 07, 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA