

F19000001447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

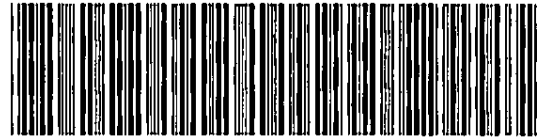
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/19/13--01031--018 **78.75

2013 MAR 19 PM 4:07
FILED
STATE OF OHIO
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326-19
BY

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

3/13/2019

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **I.C.S. Agency, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention.

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Treasurer & Initial Licg. Spec.
Email: hoveryby@kennedylicensing.com

Enc: \$78.75 fee, App. in dup., Cert. G.S.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I.C.S. 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:

HAILEY OVERBY

Name of Person

KENNEDY LICENSING SERVICE

Firm/Company

4144 N CENTRAL EXPWY STE 800

Address

DALLAS, TX 75204

City/State and Zip code

HOVERBY@KENNEDYLICENSING.COM

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

For further information concerning this matter, please call:

HAILEY OVERBY

214

855-0737

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. I.C.S. 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. NEW YORK 3. 11-2225079
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/18/1970 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 431 CONKLIN ST. FARMINGDALE, NY 11735-2612
(Principal office address)

SAME AS ABOVE
(Current mailing address, if different)

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

Name: REGISTERED AGENT SOLUTIONS, INC.
Office Address: 155 OFFICE PLAZA DR. SUTIE A
TALLAHASSEE, Florida 32301
(City) (Zip code)

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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] ASST. Sec
(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: MORTON APPELBAUM
Address: 81 EASTGATE DR HUNTINGTON, NY 11743

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: MORTON APPELBAUM
Address: 81 EASTGATE DR HUNTINGTON, NY 11743

Vice President: _____
Address: _____

Secretary: MORTON APPELBAUM
Address: 81 EASTGATE DR HUNTINGTON, NY 11743

Treasurer: MORTON APPELBAUM
Address: 81 EASTGATE DR HUNTINGTON, NY 11743

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

12. Morton Appelbaum 2-19-2019
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. MORTON APPELBAUM, PRESIDENT
(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 I. C. S. AGENCY, INC. was filed on 12/18/1970, 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 28th day of February two
thousand and nineteen.*

A handwritten signature in cursive script, reading "Whitney Clark".

Whitney Clark
Deputy Secretary of State