

F2000001547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

F20000015472

Office Use Only



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03/03/2020 10:00:00

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MAR 25 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2020

JAMES B. GRIFFIN, ESQUIRE, CPA
623 N. POTTSTOWN PIKE
EXTON, PA 19341 US

SUBJECT: SUPREME INSURANCE COMPANY, INC.
Ref. Number: W20000025472

We have received your document for SUPREME INSURANCE COMPANY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.," Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L11000078484.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 220A00005184

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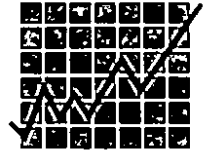


MEMBER:
PENNSYLVANIA BAR
NEW JERSEY BAR

JAMES B. GRIFFIN, P.C.

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW
CERTIFIED PUBLIC ACCOUNTANTS



CERTIFIED BY:
PENNSYLVANIA STATE
BOARD OF ACCOUNTANCY

March 16, 2020

Via First Class U.S. Mail

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Supreme Insurance WCOCH Company, Inc.
Ref. Number: W20000025472
Letter Number: 220A00005184
Foreign Corporation Registration

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Dear Sir or Madam:

We are in receipt of your letter dated March 9, 2020. A copy of your letter is attached. Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida on behalf of our client, Supreme Insurance WCOCH Company, Inc. Please process the enclosed application and contact our office with any questions.

Thank you for your assistance with this matter.

Sincerely yours,
JAMES B. GRIFFIN, P.C.

Ryan J. Griffin, CPA

Attachments

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPREME INSURANCE COMPANY, 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:

JAMES B. GRIFFIN, ESQUIRE, CPA

Name of Person

JAMES B. GRIFFIN, P.C.

Firm/Company

623 N. POTTSTOWN PIKE

Address

EXTON, PA 19341

City/State and Zip code

JGRIFFIN@JAMESBGRIFINPC.COM

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

For further information concerning this matter, please call:

JAMES B. GRIFFIN, ESQUIRE, CPA

at (610) 524-7002

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. SUPREME INSURANCE COMPANY, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- SUPREME INSURANCE WCOCH COMPANY, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ALABAMA 3. 47-2506754
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/22/2014 5. _____
(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. 327 S. HIGH STREET, WEST CHESTER, PA 19382
(Principal office street address)
- _____
(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 DRIVE, SUITE A

TALLAHASSEE, Florida 32301
(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.

Melinda Mackenzie Hart, Asst. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: SCOTT PECHMAN
☐ Vice Chairman Address: 2027 STONEGATE TRAIL
☒ Director SUITE 115
☐ President BIRMINGHAM, AL 35242
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: JOHN P. O'CONNELL
☐ Vice Chairman Address: 327 S. HIGH STREET
☒ Director WEST CHESTER, PA 19382
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. JOHN P. O'CONNELL
 (Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Supreme Insurance Company, Inc. was formed in Jefferson County, Alabama on December 9, 2014. The Alabama Entity Identification number for this entity is 323-944. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/27/2020

Date

J. H. Merrill

John H. Merrill

Secretary of State