

F2000002297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

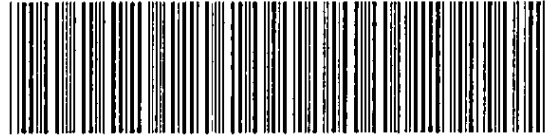
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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**CORPORATE
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INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303

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Foreign corp.

1. **CLARK INSURANCE, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARK INSURANCE, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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**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.*

CLARK INSURANCE, 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)

MAINE

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

08/12/1931

4. _____ 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)

1945 CONGRESS STREET, BUILDING A, PORTLAND, ME 04102

7. _____
(Principal office 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 DR., SUITE a

TALLAHASSEE

(City)

, Florida

32301

(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.



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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: G. Jeffrey Shaw

Address: 1945 Congress Street, Building A

Portland, ME 04102

Director: Jeffrey A. Lind

Address: 1945 Congress Street, Building A

Portland, ME 04102

B. OFFICERS

President: G. Jeffrey Shaw

Address: 1945 Congress Street, Building A

Portland, ME 04102

Vice President: Gregg Ritter

Address: 1945 Congress Street, Building A

Portland, ME 04102

Secretary: Gregg Ritter

Address: 1945 Congress Street, Building A, Portland, ME 04102

Treasurer: Jeffrey A. Lind

Address: 1945 Congress Street, Building A, Portland, ME 04102

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.

Jeffrey A. Lind

13. _____

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

11. Names and Business Addresses of Officers and/ or Directors: (Continued)

A. DIRECTORS

Director: Bret E. Cote

Address: One Sundial Ave., Suite 302N

City, State, Zip: Manchester, NH 03103

Director: David G. Hamilton

Address: 1945 Congress Street, Building A

City, State, Zip: Portland, ME 04102

Director: Gregg Ritter

Address: 1945 Congress Street, Building A

City, State, Zip: Portland, ME 04102

Director: Deborah Wentworth

Address: 1945 Congress Street, Building A

City, State, Zip: Portland, ME 04102

B. OFFICERS

Name: Bret E. Cote

Title: Vice President

Address: One Sundial Ave., Suite 302N, Manchester, NH 03103

Name: David G. Hamilton

Title: Senior Vice President

Address: 1945 Congress Street, Building A, Portland, ME 04102

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Name: Jeffrey A. Lind

Title: Chief Operations Officer, Vice President

Address: 1945 Congress Street, Building A, Portland, ME 04102

Name: Deborah Wentworth

Title: Vice President

Address: 1945 Congress Street, Building A, Portland, ME 04102

Name: Mona Freeman Wilkinson

Title: Vice President

Address: 1945 Congress Street, Building A, Portland, ME 04102

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State of Maine



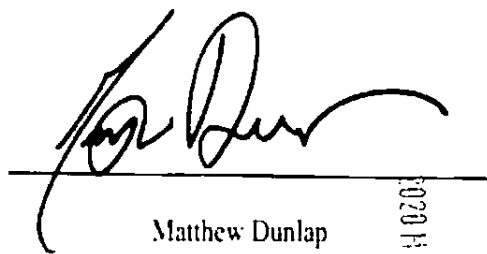
Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that CLARK INSURANCE, formerly CLARK ASSOCIATES, formerly WOODWORTH & CLARK, formerly B. M. CLOUGH & CO. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is August 12, 1931.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this nineteenth day of May 2020.



Matthew Dunlap
Secretary of State

2020 May 19 12:52:36