

SEP 16 2021
MI. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRWIN INSURANCE GROUP, 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 Irwin

Name of Person

IRWIN INSURANCE GROUP, INC.

Firm/Company

1101 Pinellas Bayway South Unit 106

Address

Tierra Verde, FL. 33715

City/State and Zip code

IRWININSGRPINC@gmail.com

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

For further information concerning this matter, please call:

James Irwin

Name of Person

at

636

Area Code

795 4001

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. IRWIN Insurance Group, 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. Missouri

(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. June 1, 2001

(Date of incorporation)

5. _____
(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. 401 East Jackson St Suite 2340 Tampa, FL 33602
(Principal office street address)

1101 Pinellas Bayway South unit 106 Tierra Verde, FL.
(Current mailing address, if different)

33715

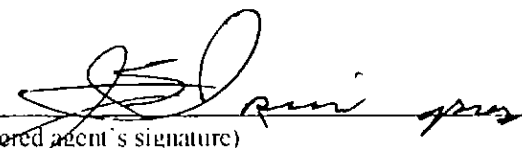
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James Irwin

Office Address: 1101 Pinellas Bayway South unit 106
Tierra Verde, Florida 33715
(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.

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: James Irwin ☐ Chairman Name: _____
1101 Pinellas Bayway South unit 106
☐ Vice Chairman Address: Tierra Verde, FL 33715 ☐ Vice Chairman Address: _____
☐ Director _____ ☐ Director _____
☒ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☒ Secretary ☒ Treasurer ☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

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

☐ Chairman Name: _____ ☐ Chairman Name: _____
☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____
☐ Director _____ ☐ Director _____
☐ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____ ☐ 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. _____
 (Typed or printed name and capacity of person signing application)

2021 SEP 14 AM 10:25
 DEPT OF STATE
 TALLAHASSEE, FL 32399-0001

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

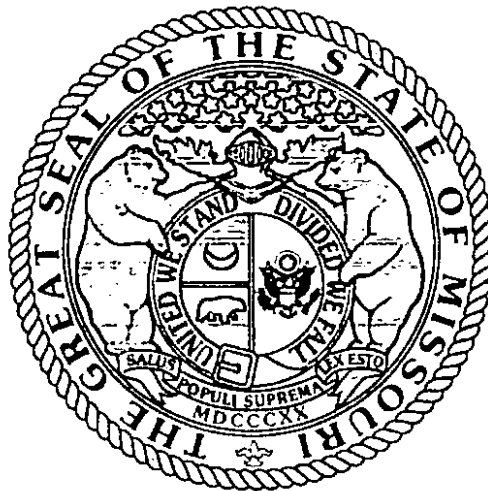
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

IRWIN INSURANCE GROUP, INC.
00497201

was created under the laws of this State on the 1st day of June, 2001, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of September, 2021.


Secretary of State



Certification Number: CERT-09072021-0011