F21000006232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

S. ROBERTS

OCT 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.WINCHELL 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:

GENE NATALE
Name of Person

PRO TAX CORPORATE SERVICES
Firm/Company

450 PAIGE CT
Address

MELBOURNE, FL 32940
City/State and Zip code

drgnatale@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene Natale Gene Natale 10/21/2023 at (321) 213-1669
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

Check #1288

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

3. 23-2686422
(FEI number, if applicable)

4. 5/29/1992
(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. 117 HUCKLEBERRY LANE, POCONO PINES PA 18350
(Principal office street address)

PO BOX 280, POCONO PINES, PA 18350
(Current mailing address, if different)

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

Name: CYNTHIA C WINCHELL

Office Address: 1831 SAGO PALM ST NE

PALM BAY, Florida 32905
(City) (Zip Code)

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TALLAHASSEE, FL

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.

Cynthia C. Winchell
(Registered agent's signature)

10/21/2021

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

X. DIRECTORS

Chairman Name CYNTHIA C WINCHELL

Vice Chairman Address 1671 SAGO PALM ST NE

Director PALM BAY FL 32905

■ 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

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 of 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

I Cynthia C Winchell
S. W.
Signature of Director or Officer 10/21/2021

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 CYNTHIA C WINCHELL, PRES.

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

10/20/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

C. WINCHELL AGENCY, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Veronica W. Degraffenreid

Acting Secretary of the Commonwealth

Certification Number: TSC211020131540-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify