

F24000002352

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(Address)

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(City/State/Zip/Phone #)

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## **U.S. INSURANCE AGENCY, LTD.**

130 Corridor Rd., P.O. Box 1081 • Ponte Vedra, Florida 32004

Phone (847) 636-5500 • Fax (847) 636-5100 • Email: [insurance@usfltd.com](mailto:insurance@usfltd.com)

April 11, 2024

To Whom it may concern,

Enclosed is the application to register a foreign for-profit corporation to transact business in Florida. U.S. Insurance agency is domiciled in Illinois with the suffix "Ltd.", which is permitted in that state. Since Florida does not allow this particular suffix, we have selected to register the business as "U.S. Insurance Agency, Inc.", which is reflected in in the application.

Should you need any additional information or if a correction should be made, please contact me at 847-334-2377 or [jweisser@usfltd.com](mailto:jweisser@usfltd.com).

Regards,

John Weisser

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** U.S. Insurance 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:

AGATHA WEISSER

\_\_\_\_\_  
Name of Person

U.S. INSURANCE AGENCY, INC.

\_\_\_\_\_  
Firm/Company

130 CORRIDOR RD, BOX 1081

\_\_\_\_\_  
Address

PONTE VEDRA BEACH, FL 32004

\_\_\_\_\_  
City/State and Zip code

INSURANCE@USFLTD.COM

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

For further information concerning this matter, please call:

JOHN WEISSER

at ( 904 ) 207-7594

\_\_\_\_\_  
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. U.S. INSURANCE 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. ILLINOIS 3. 27-3892881  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/2010 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 270 COOL SPRINGS AVE, PONTE VEDRA, FL 32081  
(Principal office street address)  
270 COOL SPRINGS AVE, PONTE VEDRA, FL 32081  
(Current mailing address, if different)

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

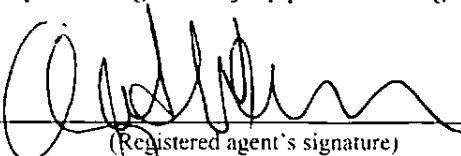
Name: AGATHA WEISSER

Office Address: 270 COOL SPRINGS AVE  
PONTE VEDRA, Florida 32081  
(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.*

  
(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: AGATHA WEISSER  
☐ Vice Chairman Address: 270 COOL SPRINGS AVE  
☐ Director PONTE VEDRA, FL 32081  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

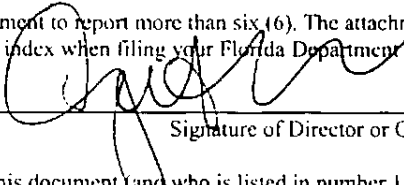
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ 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 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.

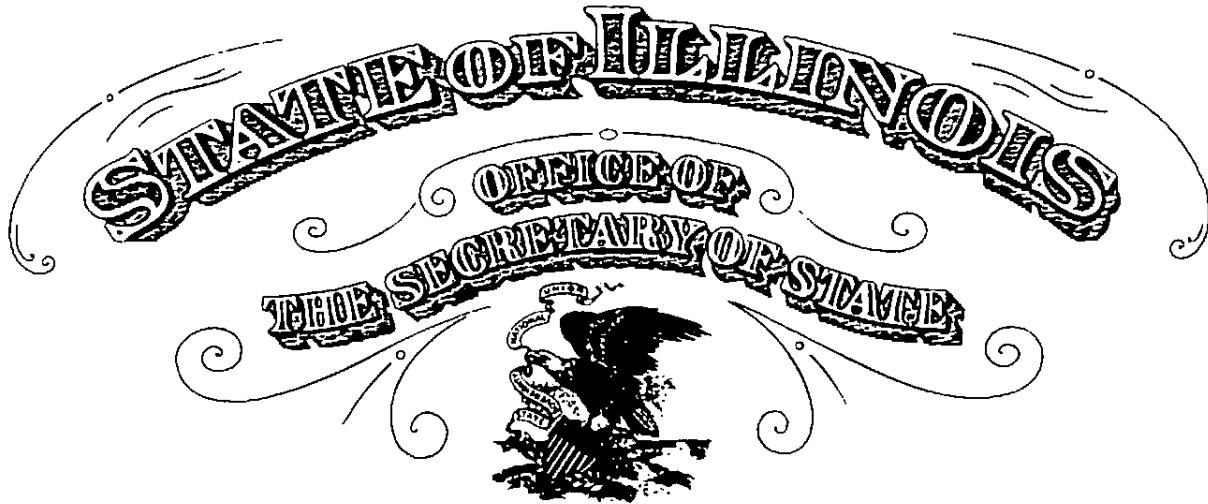
12.   
Signature of Director or Officer

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

File Number

6758-492-9



***To all to whom these Presents Shall Come, Greeting:***

***I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

U.S. INSURANCE AGENCY LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 28, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of FEBRUARY A.D. 2024 .***

Authentication #: 2405103886 verifiable until 02/20/2025

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*

SECRETARY OF STATE

FORM **BCA 2.10** (rev. Dec. 2003)  
**ARTICLES OF INCORPORATION**  
Business Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-9522  
(217) 782-6961  
<http://www.cyberdriveillinois.com>

Remit payment in the form of a cashier's  
check, certified check, money order  
or an Illinois attorney's or CPA's check  
payable to the Secretary of State.

SEE NOTE 1 TO DETERMINE FEES! **FILED: 10/28/2010 JESSE WHITE SECRETARY OF STATE**

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 67584929 Approved: KAK  
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: U.S. INSURANCE AGENCY LTD.



(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Zbigniew Karas  
First Name Middle Initial Last name  
Initial Registered Office: 636 S. Des Plaines River Rd 100  
Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)  
Des Plaines IL 60016 Cook  
City ZIP Code County 016

3. Purpose or purposes for which the corporation is organized:  
(If not sufficient space to cover this point, add one or more sheets of this size.) 044  
The transaction of all business, for which corporations may be incorporated under the Illinois  
Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>Common</u>	<u>1000</u>	<u>100.00</u>	<u>\$ 1,000.00</u>
TOTAL = \$ <u>1,000.00</u>			

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares  
of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

None

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
(b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
(c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated October 21<sup>st</sup> 2010  
(Month & Day) Year

Signature and Name	Address
1. <u>* [Signature] AGATHA WEISSER</u> (Type or Print Name)	1. <u>636 S. DES PLAINES RIVER RD # 100</u> <u>DES PLAINES IL 60016</u> City/Town State ZIP Code
2. <u> </u> (Type or Print Name)	2. <u> </u> City/Town State ZIP Code
3. <u> </u> (Type or Print Name)	3. <u> </u> City/Town State ZIP Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

**Note 1: Fee Schedule**

The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25)

The filing fee is \$150

The minimum total due (franchise tax + filing fee) is \$175.

**Note 2: Return to:**

U.S. Financial Ltd.

(Firm name)

**Zbigniew Karas**

(Attention)

636 S. Des Plaines River Rd Ste 100

(Mailing Address)

Des Plaines, IL 60016

(City, State, ZIP Code)