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Document Number

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

300001509813
-06/09/95--01055--010
*****70.00 *****70.00

Crop Loss Adjusting Services, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

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CR2E031 (1-89)

**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. Crop Loss Adjusting Services, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

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

3. December 16, 1994 4. Perpetual
(Date of Incorporation) (Duration)

5. 81-0498936
(Federal Employer Identification number, if applicable)

6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. PO Box 5024, Great Falls, Montana 59403
(Current mailing address)

8. See attached purpose clause
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: John J. Hemmingson
Address: 201 Crop Growers Drive
Great Falls, Montana 59405

Vice Chairman: Gary A. Black
Address: 201 Crop Growers Drive
Great Falls, Montana 59405

Director: _____
Address: _____

Director: _____
Address: _____

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B. Officers:

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(if needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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: _____

C T Corporation System

(Officer)

Jack C. Caskey, Jr., Asst. VP

(Typed Name and Title of Officer)

12. 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.

13. Gary A. Black
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Gary A. Black, Secretary

(Name and capacity of person signing application)

**Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida**

**Purpose Clause of
Crop Loss Adjusting Services, Inc.**

To provide crop insurance adjusting services to insurance companies and their managing general agents and such other services as may be lawfully delegated to the corporation by insurance companies and their managing general agents; to purchase or otherwise acquire, hold, own, manage, lease, mortgage, sell, convey, auction, subdivide or otherwise dispose of real and personal property of every class and description and any estate or interest therein in any of the states, districts, territories, or countries, subject to the laws of such state, district, territory or country; to engage in the transaction of any or all lawful business for which corporations may be incorporated under the Montana Business Corporation Act; and to do each and every thing necessary, proper, or convenient for the accomplishment of any of such purposes.

**Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida**

**Officers of
Crop Loss Adjusting Services, Inc.**

1. John J. Hemmingson, Chief Executive Officer
201 Crop Growers Drive
Great Falls, Montana 59405
2. Gary A. Black, Secretary/Treasurer
201 Crop Growers Drive
Great Falls, Montana 59405
3. Robert M. Cole, President
201 Crop Growers Drive
Great Falls, Montana 59405

SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Mike Cooney, Secretary of State of the State of Montana, do hereby certify that

CROP LOSS ADJUSTING SERVICES, INC.

duly filed its Articles of Incorporation in this office on December 16, 1994, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this June 7, A.D. 1995.

Mike Cooney
MIKE COONEY
Secretary of State
Jos Lee Jewell

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