

F95 000000 4824

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: TRANS OCEANIC 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", 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)
TRANS OCEANIC Insurance Inc.
(Firm/Company)
355 Wood Creek Road #410
(Address)
Wheeling IL 60090
(City/State/Zip)

FILED
SECRETARY OF STATE
OCT 10 1995
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*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

David or Peggy Silk at (708) 342-9622
(Name of Person) (Area Code & Daytime Telephone Number)

W95-18353

10-5

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 12, 1995

DAVID OR PEGGY SILK
TRANS-OCEANIC INSURANCE INC.
355 WOOD CREEK RD #410
WHEELING, IL 60090

SUBJECT: TRANS-OCEANIC INSURANCE, INC.
Ref. Number: W95000018353

We have received your document for TRANS-OCEANIC INSURANCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 395A00041999

**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. Trans - Oceanic Insurance Agency, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. ILLINOIS
(State or country under the law of which it is incorporated)
3. X 36-3934251
(FEL number, if applicable)
4. 1/1/91
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 355 Wood Creek Road #410
Wheeling IL. 60090
(Current mailing address)
8. to sell Life, Health, & possibly annuities in Fla.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: PEGGY ANN Silk
Office Address: 8041 N.W. 71st Ct.
Tamarac, Florida, Florida, 33321
(Zip Code)

10. 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.

Peggy Silk
(Registered agent's signature)

11. 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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: NONE

Address: _____

Vice Chairman: NONE

Address: _____

Director: NONE

Address: _____

Director: NONE

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Peggy Silk

Address: 355 Wood Cr. Rd #410 Wheeling IL 60090

Vice President: _____

Address: _____

Secretary: David Silk

Address: 355 Wood Cr Rd. #410 Wheeling, IL 60090

Treasurer: David Silk

Address: 355 Wood Cr Rd #410 Wheeling, IL 60090

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Peggy Silk
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Peggy Silk, David N. Silk
(Typed or printed name and capacity of person signing application)

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DIVISION OF REGISTRATIONS
OCT -5 AM 9:57

File Number 5629-948-3



To all to whom these presents shall come, Greeting:

*I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that*

TRANS-OCEANIC INSURANCE AGENCY, INC., A
DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE
MARCH 1, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF
THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING
OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS
DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF
ILLINOIS*****

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DIVISION OF RECORDS
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In Testimony Whereof, *I hereto set*
my hand and cause to be affixed the Great Seal of
the State of Illinois this 25TH
day of SEPTEMBER *A.D. 19* 95

George H. Ryan
SECRETARY OF STATE