Ans · R · Gram

F96000000003

FROM:

... Corporation

800 ... 6 ... - ...

☒ URGENT ☐ ASAP ☐ NO REPLY

DATE ... 17

ATTENTION:

TO: Florida Dept. of State

SUBJECT

MESSAGE

W95-24277

000001660440
-12/13/95--01002--010
*****78.75 *****78.75

To Whom This may Concern:

If you have any questions please call our office at 1-800-443-6003. Thank you for all of your time & effort.

Sincerely,

SIGNED [signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 29 AM 8:17

REPLY

LR
1/2/96

SIGNED

SENDER • Keep yellow part • send white and pink parts intact.
If folded at blue marks proper address will fit window envelope.

Adams NC 3675

Ans · R · Gram

RECIPIENT • Detach stub. Keep white part. Return pink part.
If folded at red marks proper address will fit window envelope.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 13, 1995

NANCY LANZONI - MEMBER SERVICES CORPORATION
120 HARTFORD TURNPIKE SOUTH
P.O. BOX 827
WALLINGFORD, CT 06492

SUBJECT: MEMBERS SERVICES CORPORATION
Ref. Number: W95000024277

We have received your document for MEMBERS SERVICES CORPORATION 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 name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please be more specific in line 8 of your application.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.)

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) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 895A00053894

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned CHRISTOPHER ABELY, do hereby certify that this Resolution of the Board of Directors of MEMBERS SERVICES CORPORATION, a corporation duly organized and existing under the laws of the State of CONNECTICUT was duly adopted on JANUARY 1, 19 1990.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 29 AM 8:17

Resolved, that MEMBERS SERVICES CORPORATION, organized and existing in the State of CONNECTICUT, hereby adopts the name MEMBER PROTECTION PLANS, INC. for use in Florida.

Dated: 12/18/95

Signature of at least one director

INHS19(3/93)

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. MEMBERS SERVICES CORPORATION
(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. CONNECTICUT
(State or country under the law of which it is incorporated)

3. 06-0978039
(FEI number, if applicable)

4. JANUARY 1, 1990
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 29 AM 8:17

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

7. 120 HARTFORD TURNPIKE SOUTH , PO BOX 827

WALLINGFORD, CT 06492
(Current mailing address)

8. INSURANCE AGENCY
(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:**

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee , Florida , 32399-0300
(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.

Insurance Commissioner
(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.

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: RICHARD ABELY

Address: 23 HALLMARK HILL , WALLINGFORD, CT 06492

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: CHRISTOPHER ABELY

Address: 11 WELLSWEEP DRIVE, MADISON, CT 06443

Vice President: RICHARD ABELY

Address: 23 HALLMARK HILL, WALLINGFORD, CT 06492

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____ 12/7/91
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CHRISTOPHER ABELY
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

MEMBERS SERVICES CORPORATION

incorporated under the laws of Connecticut is in existence and in good standing.

Secretary of the State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 29 AM 8:17

Date Issued: November 17, 1995