

# F96000001722

Requestor's Name	
Address	
City/State/Zip	Phone #

000001770400  
-04/05/96--01026--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 APR -5 PM 3:14

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Campania Management Company, 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. Virginia 3. 541618745  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/29/91 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Will begin operation upon licensure  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 111 Berry St., S.E.

Vienna, VA 22180  
(Current mailing address)

8. Insurance marketing  
(Purpose) 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: Dave Mettler

Office Address: 2001 9th Ave. #302-D

Vero Beach, Florida, 32960  
(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.

By: X David R. Mettler  
(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

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## 12. Names and addresses of officers and/or directors:

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
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## B. OFFICERS

President: Michael A. SantoliAddress: 7601 First Place Dr.  
Oakwood Village, OH 44146Vice President: Cynthia A. BoothAddress: 111 Berry St, S.E.  
Vienna, VA 22180Secretary: Dennis R. SantoliTreas. Address: 111 Berry St, S.E.  
Vienna, VA 22180

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

13. x Dennis R. Santoli  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)14. Dennis R. Santoli, Secty. Treas.  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

I Certify the Following from the Records of the Commission:

Campania Management Company, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is May 29, 1991.

Nothing more is hereby certified.

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Signed and Sealed at Richmond

on this Date: March 21, 1996

*William J. Bridge*  
William J. Bridge, Clerk of the Commission

**F96 000001722**

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Campania Mgmt Co. EIN or SS#: 54-1618745

Address: 111 Berry St SE  
Vienna Va 22180

Amount: \$550.00 Date Paid 8/5/97 ; 8/6/97

Reason for claim: Duplicate AR - F96000001722  
SP 9/22/97

Certified true and correct this 1 day of October, 19 97.

Signature Cynthia Booth

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

<b>For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	
Amount of recommended refund \$ <u>550.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>16312 067</u> dated <u>09-09-97</u>	
Name of Account <u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Agency)
(Authorized Signature and Title)	