

F99000001259

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3/8/99 11:00 AM (with smiley face)

CERTIFIED COPY

CUS

PHOTO COPY

FILING For. qual.

1.) W.H. Stuart Insurance Agencies, Inc.  
(CORPORATE NAME & DOCUMENT #)

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-03/08/99--01039--021  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR -8 PM 12:20  
# 3/8

SPECIAL INSTRUCTIONS

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 MAR -8 AM 10:54

**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. W.H. STUART INSURANCE AGENCIES, 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. GEORGIA 3. 58-2445788  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/15/99 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON APPROVAL  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1550 BEAVER RUN RD. STE #200  
NOKROSS, GA. 30093  
(Current mailing address)

8. MARKETING OF INSURANCE AND OTHER FINANCIAL SERVICES  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: PARACORP INCORPORATED

Office Address: 236 E 6th Ave.

Tallahassee, Florida, 32303  
(Zip code)

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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.

Denise Zollner Assistant Secretary  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

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

President: MICHAEL J. PARENT

Address: 5009 WOODLAW DR.  
LILBURN, GA. 30047

Vice President: JAMES STUART

Address: 23 HAMILTON HALL DR.  
MARRHAM, ONTARIO CANADA

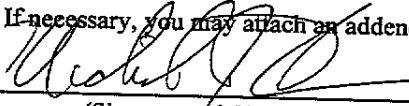
Secretary: KIRK Mc MILLAN

Address: BOX 14 PARKSIDE DR.  
WATERDOWN, ONTARIO CANADA L8R 2H0

Treasurer: KIRK Mc MILLAN

Address: SAME AS ABOVE

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

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

14. MICHAEL J. PARENT - PRESIDENT  
(Typed or printed name and capacity of person signing application)

## ADDENDUM PAGE

<u>NAMES/TITLE</u>	<u>ADDRESS</u>	<u>SS#</u>	<u>DOB</u>	<u>SHARES</u>
Walter Howard Stuart Chief Executive Officer	18 Hill Top Trail Stouffville Ontario Canada L4A 7X4	421-898-131	12/31/42	
Michael John Parent President	5009 Woodfall Dr. Lilburn, GA. 30047	559-78-7528	10/20/50	
Marilyn Dianne Stuart Chief Operating Officer	18 Hill Top Trail Stouffville Ontario Canada L4A 7X4	421-898-149	12/10/46	
James Howard Munro Stuart Executive Vice President	23 Hamilton Hall Dr. Markham Ontario Canada L3P 2P1	485-387-575	2/19/67	
Kirk McMillan Secretary and Treasurer	Box 14 Parkside Dr. Waterdown Ontario Canada L0R 2H0	494-950-041	6/13/73	
Thomas Allen Powers Vice President	325 Woodlake Ct. Alpharetta, GA. 30005	255-44-9198	3/9/36	

W. H. Stuart Insurance Agencies, Inc.

Tax ID# 58-2442450

200 shares/or 100%

Business Address

1550 Beaver Ruin Rd.  
Ste. #200  
Norcross, GA. 30093

# Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : K90541128  
CONTROL NUMBER : K906758  
DATE INC/AUTH/FILED: 02/15/1999  
JURISDICTION : GEORGIA  
PRINT DATE : 02/23/1999  
FORM NUMBER : 211

W. H. STUART INSURANCE AGENCIES, INC.  
ATTN: COREY PUGH  
1550 BEAVER RUIN RD STE 200  
NORCROSS GA 30093

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## CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**W. H. STUART INSURANCE AGENCIES, INC.  
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



CATHY COX  
SECRETARY OF STATE

