

PO9000062440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W090000 33484

Office Use Only



600158524726

07/21/09--01022--013 **105.00

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09 JUL 21 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 23 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TriState Insurance Group

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

James Hennessey

Contact Person

TriState Insurance Group

Firm/Company

143 West Street Unit U

Address

New Milford, CT 06776

City, State and Zip Code

jimghennessey@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Hennessey

Name of Contact Person

at (727)

215-0001

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:



\$105.00 Filing Fees



\$113.75 Filing Fees
and Certificate of
Status



\$113.75 Filing Fees
and Certified Copy



\$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2009

JAMES HENNESSEY
143 WEST STREET UNIT U
NEW MILFORD, CT 06776

SUBJECT: TRISTATE INSURANCE GROUP, INC.
Ref. Number: W09000033484

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRISTATE INSURANCE GROUP, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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 (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00025175

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Northern Rock

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC L08000089247
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 09/19/2008
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

TriState Insurance Group, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 07/22/2009
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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TALLAHASSEE, FLORIDA

Signed this 22 day of July, 20 09.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, ~~Director~~, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: James Hennessey Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: James Hennessey Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TriState Insurance Group, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

143 West Street, Unit U
New Milford, CT 06776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct Insurance Business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James J. Hennessey, President
143 West Street, Unit U
New Milford, CT 06776

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

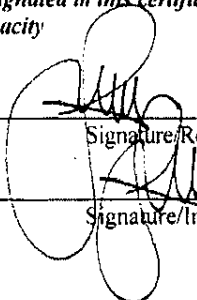
James Hennessey
31087 US HWY 19 North
Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

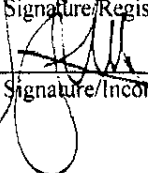
The name and address of the Incorporator is:

James Hennessey
143 West Street, Unit U
New Milford, CT 06776

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

07/22/2009

Date

07/22/2009

Date

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TALLAHASSEE, FLORIDA