

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000107715 3)))



H130001077153A8CZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
13 MAY 13 PM 4:06
SECTION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CNA WARRANTY SERVICES OF FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED
13 MAY 13 PM 4:16
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

Touch MAY 14 2013

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CNA Warranty Services of Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Mary A. Ribikawskis, Assistant Vice President & Secretary

Name (Printed or typed)

333 South Wabash Avenue, 43S

Address

Chicago, Illinois 60604

City, State & Zip

(312) 822-6312

Daytime Telephone number

cna_help@cna.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME CNA Warranty Services of Florida, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

333 South Wabash

Chicago, Illinois 60604

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To purchase, issue, sell and/or administer product, equipment and/or property warranty service agreements and other similar agreements for the repair, replacement or maintenance of products, equipment and/or property and other lawful purposes.

ARTICLE IV SHARES 3,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian J. Loebach
Chairman of the Board, Pres. & Director
Address: 333 S. Wabash Avenue
Chicago, Illinois 60604

Name and Title: Albert J. Miralles, Jr.
Senior Vice President & Treasurer
Address: 333 S. Wabash Avenue
Chicago, Illinois 60604

Name and Title: Richard C. Ehlers, Jr.
VP, Associate General Counsel & Dir
Address: 333 S. Wabash Avenue
Chicago, Illinois 60604

Name and Title: Todd R. Urbon
Vice President & Assistant Treasurer
Address: 333 S. Wabash Avenue
Chicago, Illinois 60604

Name and Title: Robert J. Grob
Assistant Vice President
Address: 333 S. Wabash Avenue
Chicago, Illinois 60604

Name and Title: Christopher S. Ward
Assistant Vice President
Address: 333 S. Wabash Avenue
Chicago, Illinois 60604

FILED
13 MAY 13 PM 6:06
CHICAGO, ILL.

(cont.)

Name and Title:	Mary A. Ribikawskis	Name and Title:	Mark I. Herman
Address	Assistant Vice President & Secretary	Address:	Director
	333 S. Wabash Avenue		333 S. Wabash Avenue
	Chicago, Illinois 60604		Chicago, Illinois 60604

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary A. Ribikawskis

Address: 333 S. Wabash Ave., 43S

Chicago, IL 60604

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

By: Connie Bryan Connie Bryan 5-13-13

Required Signature/Registered Agent Assistant Secretary Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mary A. Ribikawskis 5-13-13

Required Signature/Incorporator Date

Mary A. Ribikawskis, AVP & Secretary

FILED
13 MAY 13 PM 4:06
TALLAHASSEE, FLA