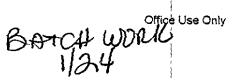
F06000000460

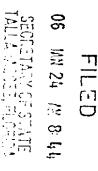
{	
(Requestor's	Name)
(Address)	·
<u> </u>	
(Address)	
(City/State/Z	ip/Phone #)
<u></u>	_
PICK-UP W	VAIT MAIL
}	
(Business E	ntity Name)
\$	
(Document)	Number)
{	
Certified Copies Ce	rtificates of Status
}	
Special Instructions to Filing Off	icer:
, . -,	
	ĺ
,	
į.	





200061464092

01/25/06--01010--003 **87.50



c. 1-21



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

January 19, 2006

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

RE: Certificate of Authority STATE OF Florida

Please issue a Certificate of Authority to Transure Services, Inc. so that the organization can transact business in the state of Florida. Enclosed are the following:

- 1. Transmittal Letter
- 2. Application for Certificate of Authority
- 3. Home State Certification
- 4. Chubb Licensing Services checks in the amount of \$87.50

If there is any need for this application to be returned, please return to:

Chubb Licensing Services LLC 15 Mountain View Road Warren, NJ 07059 ATTN: Lisa Nowacki

Thank you for your cooperation.

Lisa Nowacki Licensing Associate Chubb Licensing Services LLC (908) 903-2413

Encl.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Transure Services, Inc.		
	oration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" Certificate of Existence," and check are submitted transact business in Florida.	of for Authorization to Transact Business in Florida," It to register the above referenced foreign corporation to	
Please return all correspondence concerning this m	natter to the following:	
Lisa Nowacki		
(Nar	ne of Person)	
Chubb Licensing Services		
(Fire	n/Company)	
15 Mountain View Road		
Warren, NJ 07059	Address)	
	tate and Zip code)	
For further information concerning this matter, ple	ase call:	
Lisa Nowacki at (9	08 903.2413	
(Name of Person) (A	rea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy	

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. Transure Services, Inc.	
(Enter name of corporation; must include "INCORPORATED)," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate nam	e adopted for the numose of transacting business in Florida)
,	
2. North Carolina (State or country under the law of which it is incorporated)	. 56-2018403 (FEI number, if applicable)
	•
· · · · · · · · · · · · · · · · · · ·	(Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. with cease to exist or perpetual)
6. n/a	
	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7, 7261 Burlington Road, Whitsett, NC 27	
(Principal office ad	dress)
P.O. Box 276, Whitsett, NC 27377	•
(Current mailing ad	ldress)
8. Insurance Agency	PY1 (1.)
(Purpose(s) of corporation authorized in home state or o	country to be carried out in state of Florida)
9. Name and street address of Florida registered agent; (P.	O. Box NOT acceptable)
Name: Corporation Service Com	pany 💢 🚞
Office Address: 1201 Hays Street	FILL STATE OF THE
Tallahassee	Florida 32301
(City)	(Zip code)
10. Registered agent's acceptance:	5
Having been named as registered agent and to accept serv	vice of process for the above stated corporation at the place
designated in this application, I hereby accept the appoint	
further agree to comply with the provisions of all statutes and I am familiar with and accept the obligations of my p	

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.

(Registered agent's signature)

1

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

A. DIRECTORS	•	•	
.Chairman: Harold Stanley Sharpe	\mathbf{j}^{\perp}		
Address: 603 Newbern Court			
Burlington, NC 27215			
Vice Chairman: Robert James Gur	nn		
Address: 3304 Carriage Place	, in the second		
Burlington, NC 27215			
Director:			
Address:			
1			
Director:			
Address:			
B. OFFICERS		-	
President: Harold Stanley Sharp	oe,II		
Address: 603 Newbern Court			
Burlington, NC 27215		1 Se 6	
Vice President: Robert James Gun	n	FR F T	
Address: 3304 Carriage Place	•	24 LE	
Burlington, NC 27215		mon a b	
Secretary:	·	CRIE	
Address:		÷ 0	
Treasurer:			
Address:	·		
}			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13. Signature of Director or Officer listed in number 12 of the application)			
(Signature of Director or Officer listed in number 12 of the application) 14. Robert James Gunn; President			
(Typed or printed name and capacity of person signing application)			



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TRANSURE SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of February, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2006

Claire I Marshall

Secretary of State

Certification# 85235651-I Reference# 8061908-sw Page: 1 of I Verify this certificate online at www.secretary.state.nc.us/verification