

F24000003519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

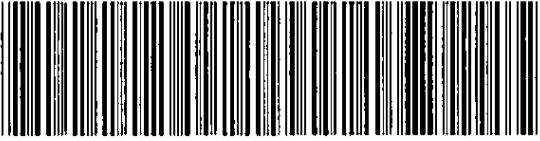
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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June 21<sup>st</sup>, 2024

**By mail:**

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Application by Foreign Corporation for authorization to Transact Business  
Standard Insurance & Realty Company

Dear Sir/Madam:

Please find the Application by Foreign Corporation for authorization to Transact Business as well as a check in the amount of \$70.00 for the above referenced entity.

Please return a filed copy of the renewal or any other correspondence via email to [sosfilings@3hcs.com](mailto:sosfilings@3hcs.com) or using the self-addressed stamped envelope provided.

Please reach out to us by phone at 518-583-0639 x133 or by email at [kevin.kennedy@3hcs.com](mailto:kevin.kennedy@3hcs.com) with any questions.

Best Regards,

Kevin Kennedy  
Corporate Compliance Manager

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Standard Insurance & Realty Company Corp  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kevin Kennedy  
Name of Person  
3H Corporate Services  
Firm/Company  
36 Long Alley  
Address  
Saratoga Springs, NY 12866  
City/State and Zip code  
kevin.kennedy@3hcs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Kennedy at ( 518 ) 583-0639 x133  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & 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. Standard Insurance & Realty Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Standard Insurance Agency & Realty Company

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 56-0412080  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/23/1917 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1000 Benvenue Road, Rocky Mount, NC 27804  
(Principal office street address)

PO Box 8105, Rocky Mount, NC 27804  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: 3H Agent Services, Inc.

Office Address: 2114 NW 40th Terrace, Suite D2

Gainesville, Florida 32605  
(City) (Zip code)

9. 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.*

  
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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**A. DIRECTORS**

Chairman Name: Pamela Kim Bletsas  
 Vice Chairman Address: 1000 Benvenue Road  
 Director Rocky Mount  
 President North Carolina  
 Vice President 27804  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: John T. Smith  
 Vice Chairman Address: 1000 Benvenue Road  
 Director Rocky Mount  
 President North Carolina  
 Vice President 27804  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Joseph Buckley Strandberg  
 Vice Chairman Address: 1000 Benvenue Road  
 Director Rocky Mount  
 President North Carolina  
 Vice President 27804  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Joseph Buckley Strandberg  
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Joseph Bukley Strandberg- President  
 (Typed or printed name and capacity of person signing application)



# NORTH CAROLINA

## Department of the Secretary of State

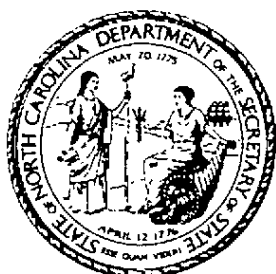
### CERTIFICATE OF EXISTENCE

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

### STANDARD INSURANCE & REALTY COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of July, 1917, 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.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of June, 2024.

*Elaine F. Marshall*

Secretary of State