F06000007676

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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October 16, 2006

DEANNA STANLEY 3878 OAK LAWN AVE 210 DALLAS, TX 75219

SUBJECT: ISB INSURANCE SERVICES, INC.

Ref. Number: W06000045277

We have received your document for ISB INSURANCE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 206A00061465

Suzanne Hawkes Document Specialist

*** PROMPT ATTENTION REQUESTED ***

10/11/2006

Corp. Div. FL Secy. of State P.O. Box 6327 Tallahassee, FL 32314

Re: ISB Insurance Services, Inc.

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely, Kennedy Licensing Service, Inc.

Deanna Stanley

Deanna Stanley Initial Lic'g Mgr.

Email: dstanley@kennedylicensing.com

cc: ISB Insurance Services, Inc.

VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup.,, Cert. G.S.

COVER LETTER

TALLAHASSEE STORISH

de suffix)

TO: New Filing Section
Division of Corporations

Deanna Stanley

SUBJECT: ISB Insurance Services, Inc.

(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," 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:

	(Name of Person)			
Kennedy Licensing Ser	rvice, Inc.			
	(Firm/Company)		5.9	
2501 Thomas Avenue				
	(Address)	*		,
Dallas, TX 75201				
	(City/State and Zip code)		- 	—————————————————————————————————————
For further information concerning this Deanna Stanley (Name of Person)	matter, please call: at (214) 855-0737 (Area Code & Daytime Tell)	6. s ž

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing Section

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Enclosed is	i check	for the	following	amount
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\$70.00 Filing Fee \$\ \text{\$78.75 Filing Fee & \$\ \text{\$\subset}\$\$ \$87.50 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy C	Status &
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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.

***	ISB Insurance 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 name adopted for the purpose of transacting business in Florida)			
2	Texas 74-2978832			
٠.	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4.	11/3/00 5. perpetual			
٠.	(Date of incorporation) (Duration: Year corp. will cease to exist or "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.	7600 West Tidwell, Suite 808 Houston, TX 77040	_		
	(Principal office address)			
	7600 West_Tidwell, Suite 808 Houston, TX 77040			
	(Current mailing address)			
8.	Nonresident insurance agency sales and service	1		
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)			
9.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	•		
	Name: John D. Hatch, Esq.			
O	ffice Address: 1267 Berkshire Lane, Suite 200			
	Tarpon Springs , Florida 34688			
	(City) (Zip code)	_		

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.

(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.

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	33
Address:	
Director:	
Address:	
	7
Director:	** *** *******************************
Address:	
B. OFFICERS	
President: SEE ATTACHED LIST	
Address:	
Vice President:	
Address:	The state of the s
Secretary:	· · · · · · · · · · · · · · · · · · ·
Address:	
Treasurer:	- The state of the
Address:	
NOTE; If necessary, you may attach an addendum to the app	olication listing additional officers and/or directors.
13. Konald & Kudley	,
13. Konald Edit (Signature of Director or Officer fisted	
14. Ronald L. Rudloff, Exec. Vice Preside (Typed or printed name and capacity	dent of person signing application)

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

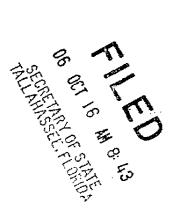
ISB Insurance Services, Inc. OFFICERS AND DIRECTORS

Industry State Bank 100% Stockholder 16886 Fordtran Blvd. Industry, TX 78944

James E. Lindemann President & Director Post Office Box 218 Industry, TX 78944

Ervin A. Mieth, Jr. Secretary & Treasurer 22731 FM 1094 New Ulm, TX 78950

Ronald L. Rudloff Exec. Vice President 12603 Rifleman Trail Cypress, TX 77429



Corporations Section, P.O.Box 13697 Austin, Texas 78711-3697



Roger Williams Secretary of State

Office of the Secretary of State

NOV 03 ZOB

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for ISB INSURANCE SERVICES, INC. (filing number: 160378100), a Domestic For-Profit Corporation, was filed in this office on November 03, 2000.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 30, 2006.



yer Mining

Roger Williams Secretary of State

Phone: (512) 463-5555 Prepared by: Victoria Nunez Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TTY: 7-1-1 Document: 149092720003