



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation  
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is FrankCrum Insurance Agency, Inc.

**SECTION II**

It is incorporated under the laws of State: FL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**

The date of its incorporation is 12/15/2008

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 100 S MISSOURI AVE

City or Town: CLEARWATER

State: FL

Zip: 33756

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JESSERSON BLVD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

INSURANCE AGENCY

**SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATTHEW C CRUM	100 S MISSOURI AVE CLEARWATER, FL 33756 USA

SECRETARY	MATTHEW C CRUM	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
CEO	FRANK W CRUM JR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
CFO	JAMES M CARR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
ASSISTANT SECRETARY	JAMES M CARR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
DIRECTOR	FRANK W CRUM JR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATTHEW C CRUM	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
SECRETARY	MATTHEW C CRUM	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
CEO	FRANK W CRUM JR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
CFO	JAMES M CARR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
ASSISTANT SECRETARY	JAMES M CARR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA
DIRECTOR	FRANK W CRUM JR	100 S MISSOURI AVE CLEARWATER, FL 33756 USA

#### SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$1.0000	1,000.00

**Signed this 27 Day of August, 2024 at 3:18:13 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JAMES CARR  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

# *State of Florida*

## *Department of State*

I certify from the records of this office that FRANKCRUM INSURANCE AGENCY, INC. is a corporation organized under the laws of the State of Florida, filed on December 15, 2008, effective December 15, 2008.

The document number of this corporation is P08000108449.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 3, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twentieth day of August, 2024*



  
Secretary of State

Tracking Number: 5565353164CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

August 27, 2024 03:16 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

