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TRANSMITTAL LETTER

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SUBJECT:	Amity Insur	ance Agency,	. Inc.			
			oration - must includ	le suffix)		;
Dear Sir or Ma	adam:					
"Certificate of	'Application by Fore Existence", and che iness in Florida.	ign Corporation ck are submitted	n for Authorization to to register the above	o Transact Busin we referenced for	ess in Florida", eign corporation	
Please return a	ill correspondence co	oncerning this m	natter to the followin	ıg:		
	Anthony Bur	ton				
		(Nam	ne of Person)			
	Central Lic	ensing Burea	au			
		····	n/Company)	<u> </u>	- 19167975.	
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	Little Rock	., AR 72207-5	5271			
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Enclosed is a cl	heck for the followin	g amount:			(
S70:00 Filin	i	Filing Fee &	☐ \$78.75 Filing I	Fee & 🗇 \$87	.50 Filing Fee,	
		icate of Status	Certified Copy	7 Ce	rtificate of Status &	
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FL019 - 9/2/99 CT System Online



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 20, 2000

ANTHONY BURTON CENTRAL LICENSING BUREAU 1501 N UNIVERSITY, STE 550 LITTLE ROCK, AR 72207-5271

SUBJECT: AMITY INSURANCE AGENCY, INC.

Ref. Number: W00000007371

We have received your document for AMITY INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 200A00015234

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned _	David Solomon (Name)	, do hereby certify
that this Resolution	of the Board of Directors of _	-
Amity	Insurance Agency, Inc. (Corporate Name)	
a corporation duly	organized and existing under th	ne laws of the State of Massachusetts
was duly adopted o	n	,
Be it resolved, that	Amity Insurance Agence (Corpo	y, Inc. prate Name)
organized and exist	ing in the State of Massachus	etts , hereby adopts the name
AIA INSUR	ANCE AGENCY, INC	for use in Florida.
Dated: 4/7/	I hla bi	bmon
	Signature of either Chairman, Vice	Chairman or any officer
Da	avid Solomon - Pres./Sec.	/Treas. & Dir.

Type or print Name

INHS19(1/00)

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.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2. <u>Massachusetts</u> 3. <u>042 77 7983</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 5, 1983
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7 1546 Homesch Chrosh
71546 Hancock Street
Quincy, MA 02169
(Current mailing address)
8. <u>In the business of insurance, functioning</u> as an insurance agency.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation , Florida, 33324
(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.
*** Please See Attached ***
(Registered agent's signature)
(Ivegistered 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

RE: AMITY INSURANCE AGENCY, INC.

C T Corporation System hereby accepts appointment as registered agent for service of process for the above entity in the State of Florida.

Dated: February 29, 2000

C TORPORATION SYSTEM

By Jonathan L. Miles,

Assistant Secretary

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M 9 20

	CTORS (Street address only - P.O. Box NOT acceptable)			
	David Solomon		<u>e</u> ,	
lress: _	1546 Hancock Street	- <u>A</u>		<u> </u>
	Quincy, MA 02169	, , , , , , , , , , , , , , , , , , ,		- <u> </u>
Chair	man:		<u> </u>	
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OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	12011	<u> </u>	
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	Quincy, MA 02169		23 · · · · ·	
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urer: _	David Solomon		Alera.	<u> </u>
	1546 Hancock Street	 :		
ess:				
.ss:	Quincy, MA_02169		:	<u> </u>
$\overline{\bigcirc}$	Quincy, MA 02169 necessary, you may attach an addendum to the application listing add		,	;
$\overline{\bigcirc}$		ditional officers and/or	directors.	·

Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth State Kouse, Boston, Massachusetts 02133

March 2, 2000

TO WHOM IT MAY CONCERN:

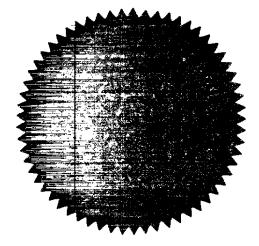
I hereby certify that according to the records of this office

AMITY INSURANCE AGENCY, INC.

is a domestic corporation organized on **January 5**, **1983**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

PR 25 M 9 20



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Villian Travin Galetin

Secretary of the Commonwealth

^{*} This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

^{**} MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.