

F06000004944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

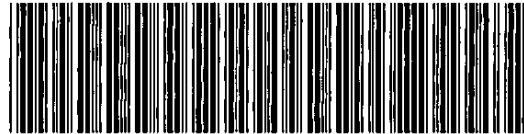
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100077882001

07/25/06--01004--009 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 25 AM 8:59

1/4

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Acceptance Insurance Agency of Tennessee, 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:

Lee Watson

(Name of Person)

Acceptance Insurance Agency of Tennessee, Inc.

(Firm/Company)

3813 Green Hills Village Drive

(Address)

Nashville, Tennessee 37215

(City/State and Zip code)

For further information concerning this matter, please call:

Lee Watson

(Name of Person)

at ( 615 ) 844-2912

(Area Code & Daytime Telephone Number)

**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 a check for the following amount:

☐ \$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. Acceptance Insurance Agency of Tennessee, 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. Tennessee**

(State or country under the law of which it is incorporated)

**3. 62-1552707**

(FEI number, if applicable)

**4. December 12, 1993**

(Date of incorporation)

**5. Perpetual**

(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. 3813 Green Hills Village Drive, Nashville, Tennessee 37215**

(Principal office address)

**P O Box 23410, Nashville, Tennessee 37202**

(Current mailing address)

**8. Automobile 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 NOT acceptable)**

Name: **Misty Hicks**

Office Address: **4221 S. Florida Ave**

**Lakeland**

(City)

, Florida **33813**

(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.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 25 AM 8:59

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 25 AM 8:59

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

**A. DIRECTORS**

Chairman: Steve Harrison

Address: 3813 Green Hills Village Drive  
Nashville, Tennessee 37215

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Thomas Harrison

Address: 3813 Green Hills Village Drive  
Nashville, Tennessee 37215

Director: Michael Bodayle

Address: 3813 Green Hills Village Drive  
Nashville, Tennessee 37215

**B. OFFICERS**

President: Steve Harrison

Address: 3813 Green Hills Village Drive  
Nashville, Tennessee 37215

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Thomas Harrison

Address: 3813 Green Hills Village Drive, Nashville, Tennessee 37215

Treasurer: Michael Bodayle

Address: 3813 Green Hills Village Drive, Nashville, Tennessee 37215

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas M. Harrison  
(Signature of Director or Officer listed in number 12 of the application)

14. Thomas Harrison - Secretary  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Division of Business Services**  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 05/25/2006  
REQUEST NUMBER: 06145543  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/14/1993  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0273414  
JURISDICTION: TENNESSEE

TO:  
LEE WATSON  
3813 GREE HILLS VILL  
AGE DR  
NASHVILLE, TN 37215

REQUESTED BY:  
LEE WATSON  
3813 GREE HILLS VILL  
AGE DR  
NASHVILLE, TN 37215

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

-----  
"ACCEPTANCE INSURANCE AGENCY OF TENNESSEE, INC."  
-----

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 25 AM 8:59

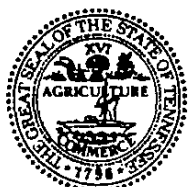
-----  
FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/25/06

FROM:  
PASCO OF TENNESSEE INC.  
PO BOX 100512  
NASHVILLE, TN 37224-0000

RECEIVED: FEES \$20.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003969080  
ACCOUNT NUMBER: 00153036



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE