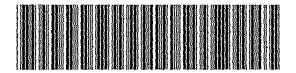
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	
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08/03/06--01012--004 \*\*78.75

DIVISION OF COMPONION 21

#### \*\*\* PROMPT ATTENTION REQUESTED \*\*\*

7/31/2006

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

Re: Equipment Insurance International, 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.

Rhonda Reese Rhonda Reese Sr Int'l & Ren Spec

Email: rreese@kennedylicensing.com

cc: Equipment Insurance International, Inc. VICTRIX (FL), Reg. Agt.

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

# OINSECRETAFILED OF AUG-3 AM 10: 21

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Equipment Insurance Internation /Inc.	one so car
(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:	
Rhonda Reese	
(Name of Person)	هيد الأوات دو ود يات ت
Kennedy Licensing Service, Inc.	
(Firm/Company)	
2501 Thomas Avenue	
(Address)	
Dallas, TX 75201	
(Citý/State and Zip code)	
For further information concerning this matter, please call:	
Rhonda Reese at (214) 855-0737  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	• •
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  MAILING ADDRESS:  New Filing Section  Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	= .
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status  Certified Copy	& -

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTOR

1 E	Guipmer	t Insurance Int	ernationa,	Inc.				_		***
(Enter n	ame of cor	poration; must include " p," "Inc," "Co," or "Cor	'INCORPORA'	TED,"	COMPAN	Y," "COI	RPORAT	",NOT		6.
1	N/A					-	·			·
(If name	: unavailab	le în Florida, enfer alter	nate corporate i	ame ad	opted for th	e purpose	of transa	acting busin	ess in Flo	orida)
2. 1	North Ca	ırolina		3.	56-140	6078				
(State or	country ur	erolina der the law of which it	is incorporated	)	4	(FEI no	ımber, il	applicable)	· <u>·</u>	# 11
4,	1-31-84			_ 5、	Perpet	ual				
	(Date o	Fincorporation)	<u>.</u>		Duration: \	éar corp.	will ceas	se to exist o	r "perpet	ual")
6. I	Jpon qu	alification							_ `	
6. <u> </u>	Jpon qu	alification (Date first to (SEE SECTION)	ransacted busin S 607.1501 & 6						- ·	
		(Date first t							- ·	
7	126 S. I	(Date first to (SEE SECTION) Reilly Rd.		07.1502	2, F.S., to de					
7	126 S. I	(Date first to (SEE SECTIONS Reilly Rd.	S 607.1501 & 6	07.1502	2, F.S., to de					
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7	126 S. Tayette	(Date first to (SEE SECTION) Reilly Rd. ville, NC 28314	Principal office	e addres	2, F.S., to de (s)	etermine p				
7	126 S. Fayette Nonresi	(Date first to (SEE SECTION) Reilly Rd. rille, NC 28314	S 607.1501 & 6  (Principal office)  (Current mailing)	e addres	cs)  d service	etermine p	enalty lic	ability)		
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7	Fayette Nonresi Purpose(s)	(Date first to (SEE SECTIONS) Reilly Rd. ville, NC 28314  dent insurance and corporation authorize	Principal office Current mailing agency sale d in home state istered agent:	e addres g addres es and or coun	s)  I service  atry to be ca	etermine p	enalty lic	ability)		
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7	Payette Nonresi Purpose(s) and street	(Date first to (SEE SECTION)) Reilly Rd.  Wille, NC 28314  dent insurance and corporation authorize address of Florida reg  John D. Hatch	Principal office Current mailing agency sale d in home state istered agent: Esq. Lane, Su	e address g address es and or coun (P.O. 1	l, F.S., to design (s)  I service try to be cased to the cased try to be cased try	etermine p	n state o	ability)		

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.

2. Names and business addresses of officers and/or directors:				06 1		FILED CASS
. DIRECTORS		-		40	6.3	AM 10:
nairman: See attached list						4/4/0:
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ce Chairman:				•		
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esident: SEE ATTACHED LIST  iddress:  ce President:  ddress:  cretary:  ddress:  easurer:						
idress:	tion listing	additiona	l officers a			

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OF AUG 3 AM 10: 21

#### Equipment Insurance International, Inc.

#### Stockholder, Officers & Directors

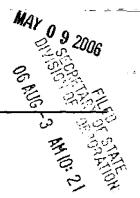
Gary A. Thompson 100% Stockholder President & Director 1409 Noble Way Flower Mound, TX 75022

Deborah R. Long Secretary & Treasurer 6720 Burgenfield Dr. Fayetteville, NC 28314

John J. Baker Executive Vice President 2816 Butterfield Stage Rd. Highland Village, TX 75077



### 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

#### EQUIPMENT INSURANCE INTERNATIONAL, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 31st day of January, 1984, 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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of May, 2006

6 laine I. Marshall

Secretary of State

Certification# 85639477-1 Reference# 8215268-md Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification