F0600006344

(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



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ALLAHASSEE, FILEBRA

J. Shivers Of TO 5 20, The



CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 18, 2006

New Filing Section Division of Corporations PO Box. 6327 Tallahassee, FL 32314

RE: Non Resident Agent's License STATE OF FLORIDA

Please issue a Certificate of Status to Transure Services, Inc. so that the corporation can transact business in the state of Florida. Enclosed are the following:

- 1. Application By foreign corporation for Authorization to transact Business in FL
- 2. Certificate of Existence
- 3. Chubb Licensing Services Check in the amount of \$78.75

Thank you for your cooperation

Tonda Pratt Licensing Associate Chubb Licensing Services LLC (908) 903-2486

Encl.

SECRETARY OF STATE

.....

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Transure Services, In	nc.		
(Name of c	corporation - must include suffix)		
Dear Sir or Madam:			
	ation for Authorization to Transact Business in F nitted to register the above referenced foreign co		
Please return all correspondence concerning the	nis matter to the following:		
Tonda Pratt			
	(Name of Person)		
Chubb Licensing Services	·		
	(Firm/Company)		
15 Mountain View RD PO Box	1615		
	(Address)		
Warren NJ 07061-1615		06 OCT SEURET	
(C	ity/State and Zip code)	DCT CRE	
For further information concerning this matter	r, please call:	-4 PH	
Tonda Pratt at (908) 903-2484	PH 12: 5.9 OF STATE E. FLUMDA	,
(Name of Person)	(Area Code & Daytime Telephone Number)	AIDA JE 559	
		·	
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 Sta		te of Status &	

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.

١.		Services, Inc.					
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
	TRANSURE	SERVICES OF NORTH CAROLINA	ÎL	IC.			
	(If name unavaila	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busing	ess in Flo	orida)	
2.	North Card	olina	3.	56-2018403			
	(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)			
4	02/27/199	7	5.	Perpetual			
٠,		of incorporation)	٠.	(Duration: Year corp. will cease to exist of	r "perpeti	ual")	
6.							
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)			٠
7.	7261 Burlin	ngton Road Whitsett, NC 2	273	377	<u>-</u>		
		(Principal office	add	ress)			
	PO Box 27	76 Whitsett, NC 27377					
		(Current mailing	add	ress)	ALC ALC	36	
8.	Insurance	Agency			ORE V	p6 OCT -	ī
	(Purpose(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	25.75 77.75		
9.	. Name and stree	et address of Florida registered agent: ((P.C). Box <u>NOT</u> acceptable)	E GF :	PH 12:	
	Name:	Corporation Service Con	npa	any	STAT	\mathcal{S}	
o	ffice Address:	1201 Hays Street		·	E A	ŷ	
		Tallahassee		, Florida 32301			
		(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.

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

	ECTORS			
Chairman	No Title Assigned			
Address:				
Vice Chai	No Title Assigned			
Address:				
-	No Title Assigned			
Address:	· · · · · · · · · · · · · · · · · · ·			
Director:				
Address:				
B. OFF	ICERS			
President:	Robert James Gunn	TAL 3E	90	
	PO Box 276 Whitsett, NC 27377	AH	007	
, , , , , , , , , , , , , , , , , , , ,		SSI	-	
Wiss Dussi	ident: No Title Assigned	79	P.	(<u>)</u>
		FLUR	$\dot{\wp}$	
Address:		RIDA DA	<u> </u>	
	No Title Assigned			
Secretary:	No Title Assigned			
Address:				
Treasurer	No Title Assigned	.		•
Address:				
NOTE:	If necessary, you may attach an addendom to the application listing additional officers and/or	director	rs.	
13	(Signature of Director of Officer listed in number 12 of the application)			
	ROBERT J. GUNN, PRESIDENT			
14	(Typed or printed name and capacity of person signing application)			<u></u>



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

TRANSURE SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of February, 1997, 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 24th day of August, 2006

Elaine I Marshall

Secretary of State