

F09 000001299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

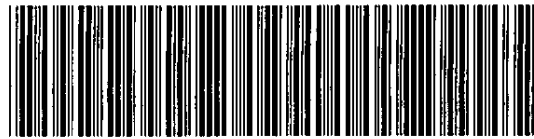
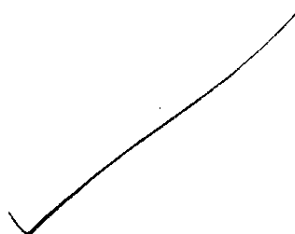
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAR 30 PM 4:42
CORPORATION STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch MAR 30 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: First Santa Fe Insurance Services, 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:

Hailey Overby
(Name of Person)

Kennedy Licensing Service Inc.
(Firm/Company)

4144 N. Central Expressway Suite 800
(Address)

Dallas, TX 75204
(City/State and Zip code)

For further information concerning this matter, please call:

Hailey Overby at (214) 855-0737
(Name of Person) (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. First Santa Fe Insurance Services, 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. NM 3. 85-0426230
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 Halona Santa Fe, NM 87501
(Principal office address)
7620 Jefferson NE Albuquerque, NM 87112
(Current mailing address)

8. Nonresident Insurance Agency Sales & Services
(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)

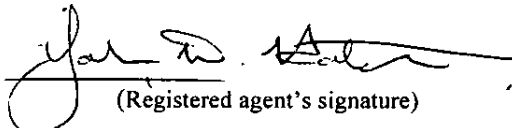
Name: John D. Hatch, Esquire

Office Address: 1267 Berkshire Lane Suite 200

Tarpon Springs, Florida 34688
(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.

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DEPARTMENT OF STATE
ALLAHSEE, FLORIDA

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STATE
TALLAHASSEE FL 09117A

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

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Gail D. Bundy
(Signature of Director or Officer listed in number 12 of the application)

14. Gail Bundy, President
(Typed or printed name and capacity of person signing application)

First Santa Fe Insurance Services, Inc.
Formerly: 6260 Corporation
OFFICERS AND DIRECTORS

New Mexico Banquest Investors Corp.
100 % Stockholder
P.O. Box 609
Santa Fe, NM 87504

Gail Bundy
President
821 Salamanca NW
Los Ranchos, NM 87107

Kathleen T. Gonzales
Secretary
200 Aggie Rd.
Santa Fe, NM 87507

Michael Ragsdale
Treasurer
6604 Freemont Hills Loop NE
Rio Rancho, NM 87144

Greg Elena
COB
800 Marquita Lane
Corrales, NM 87048

Andrew Kuzneski, III
Director
126 Valley Rd.
Indiana, PA 15701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OFFICE OF THE
PUBLIC REGULATION COMMISSION

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED THAT:

FIRST SANTA FE INSURANCE SERVICES, INC.

1693274

a corporation organized under the laws of
NEW MEXICO

is duly authorized to transact business in New Mexico, as a
Domestic Profit Corporation, under the

BUSINESS CORPORATION ACT

(53-11-1 to 53-18-12 NMSA 1978)

having filed its Articles of Incorporation OCTOBER 18, 1994
and Certificate of Incorporation issued as of said date.

IT IS FURTHER CERTIFIED that the fees due the Public
Regulation Commission which have been assessed against the
aforesaid corporation, have been paid to date and aforesaid
corporation is in corporate good standing & duly authorized
to transact business as its corporate existence has not been
revoked in New Mexico. This Certificate is not to be
construed as an endorsement, recommendation, or notice of
approval of the corporation's financial condition or
business activities and practices. This certificate of Good
standing and compliance expires: MARCH 15, 2009

Dated: MARCH 9, 2009

In testimony whereof, the Public Regulation of the
State of New Mexico has caused this certificate to be
signed by its Chairman and the seal of said
Commission to affix at the City of Santa Fe.


Chairman


Bureau Chief

MAR 13 2009
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 30 PM 4:42

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