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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

77456706			
TO: New Filing Section Division of Corporations			
SUBJECT: <u>Cate-Russil Insurance</u> , 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," or "Certificate of Good Standing" 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:			
Name of Person			
Cate-Russell Insurance Inc.			
Firm/Company			
415 High St.			
Address			
Maryville TN 31804			
City/State and Zip code			
into a Caterussell. com B-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Olenda Nichols at (865) 982-4-11 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section New Filing Section			
Division of Corporations Clifton Building Division of Corporations 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 & Certificate of Status □ \$78.75 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. Cate—Russell Insurance, 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. Tennessie, 3. 62-1115612
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/04/1983 s. texpetual
(Date of incorporation) (Duration Year corp. will cease to exist or "perpetual")
6. Upon filing
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2 415 High St. Marwille TAT 31804
(Principal office address)
415 High St. Marwille TN 31804 (Current mailing address)
8. Insurature Agency (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: In Corp Services, Inc.
Office Address: 1888 67th Court North
Loxa hatchee , Florida 33470 PA 2
(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.
Janice Sull on behalf of Incorp Services, Inc. (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:	TALLAHASSE OF STATE
A. DIRECTORS	Ψ/ /· .
Chairman:	AHASSTOR 24
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Leslie L. Cate	
45 High St	
MARINELLA TAT 31804	
walk A Puzzell	
Address: 415 High St.	
marquille, TN 31804	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addonoun to the application listing addition	
(Signature of Director or Officer listed in number 12 of the ap	pplication)
(Typed or printed name and capacity of person signing app	lication)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

CATE-RUSSELL INSURANCE, INC

415 HIGH ST

Maryville, TN 37804 USA

Request Type: Certificate of Existence/Authorization

Request #:

0004441

Issuance Date: 12/11/2009

Copies Requested:

December 11, 2009

Document Receipt

Receipt #: 28896

Filing Fee:

\$20.00

Payment-Check/MO - CATE-RUSSELL INSURANCE, INC, Maryville, TN

\$20.00

Regarding:

CATE-RUSSELL INSURANCE, INC.

Filing Type:

Corporation For-Profit - Domestic

Charter/Qualification Date: 08/04/1983

Status:

Active Duration Term: Perpetual Control #:

131472

Date Formed: Jurisdiction:

08/04/1983 **Blount County**

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

CATE-RUSSELL INSURANCE, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Sec Business Services Divern