

FO0000007100

CORPORATION(S) NAME

Home Sentry Insurance Agency, Inc.

FILED
ON DEC 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC | <input checked="" type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

12/21/00

Order#: 3483076

000003510540--2
-12/21/00--01055--028

Ref#: *****70.00 *****70.00

000003510540--2
-12/21/00--01055--029

Amount: \$ *****17.50 *****17.50

FOO-7100
R

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

RECEIVED
00 DEC 21 PM 1:47
DIVISION OF CORPORATION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME SENTRY INSURANCE AGENCY, 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:

JIM REA (INSURANCE MANAGER)
(Name of Person)

HOME SENTRY INSURANCE AGENCY, INC.
(Firm/Company)

2150 W. 18TH STREET SUITE 300
(Address)

HOUSTON, TEXAS 77008
(City/State and Zip code)

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NOV 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JIM REA

(Name of Person)

at (713) 331-2290

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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. HOME SENTRY INSURANCE AGENCY, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. TEXAS

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

3. 76 0639303

(FEI number, if applicable)

4. 3-23-00

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2150 W. 18TH STREET SUITE 300 HOUSTON, TX 77008

(Principal office address)

SAME

(Current mailing address)

8. INSURANCE ACTIVITIES / 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 or Mail Drop Box **NOT** acceptable)

Name:

CT Corporation System

Office Address:

1200 South Pine Is. Road

Plantation

(City)

, Florida

33324

(Zip code)

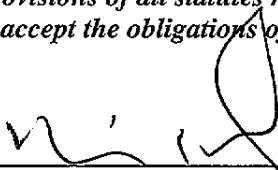
SECRETARY OF STATE
FLORIDA

DEC 21 PM 5:00

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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.



**KIRK HOOD
ASSISTANT SECRETARY**

(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:

A. DIRECTORS

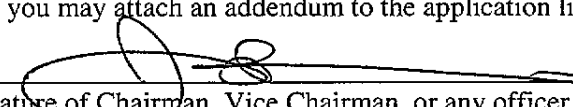
Chairman: JOHN G. POLLIS
Address: 2150 W. 18TH ST. SUITE 300
HOUSTON, TEXAS 77008
Vice Chairman: GLENN F. KUMMER
Address: 3125 MEYERS ST.
RIVERSIDE, CA. 92513
Director: NELSON W. POTTER
Address: 3125 MEYERS ST.
RIVERSIDE, CA. 92513
Director: CHARLES WILKINSON
Address: 3125 MEYERS ST.
RIVERSIDE, CA. 92513

B. OFFICERS

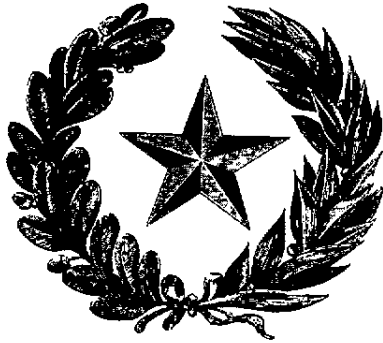
President: JOHN G. POLLIS
Address: 2150 W. 18TH ST. SUITE 300
HOUSTON, TX. 77008
Vice President: BOYD R. PLOWMAN
Address: 2150 W. 18TH ST. SUITE 300
HOUSTON, TX. 77008
Secretary: FORREST D. THEOBALD
Address: 3125 MEYERS ST. RIVERSIDE, CA. 92513
Treasurer: LYLE N. LARKIN
Address: 3125 MEYERS ST. RIVERSIDE, CA 92513

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TOLSON

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN G. POLLIS (PRESIDENT)
(Typed or printed name and capacity of person signing application)



The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

HOME SENTRY INSURANCE AGENCY, INC.
File No. 1575872-00

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.

*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
Austin, Texas on December 4, 2000.*




Elton Bomer
Secretary of State

VT