

CT CORPORATION SYSTEM

F01000002145

CORPORATION(S) NAME

Allied Mercantile Insurance Agency Corporation

FILED
01 APR 23 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(4)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <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 | | |

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4/23/01

Order#: 4044911

Ref#: _____

Amount: \$ _____

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

3/11
4/23

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*****70.00 *****70.00

**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. Allied Mercantile Insurance Agency Corporation

(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. 76-0063767

(FEI number, if applicable)

4. 09/22/1982

(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. 6110 Pinemont Drive, Suite 106, Houston, TX 77092

(Principal office address)

same

(Current mailing address)

8. To transact any and all legal business for which it is entitled to conduct, including the business of an insurance agency in offering insurance lines.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

By: [Signature]

(Registered agent's signature)

**KIRK HOOD
ASSISTANT SECRETARY**

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: Jim C. Hodge Sole Director

Address: 6110 Pinemont, Suite 106

Houston, Texas 77092

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jim C. Hodge

Address: 6110 Pinemont Drive, Suite 106

Houston, TX 77092

Vice President: Kathy Hodge

Address: 6110 Pinemont Drive, Suite 106

Houston, Texas 77092

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Jim C. Hodge, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



The State of Texas

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TALLAHASSEE, FLORIDA

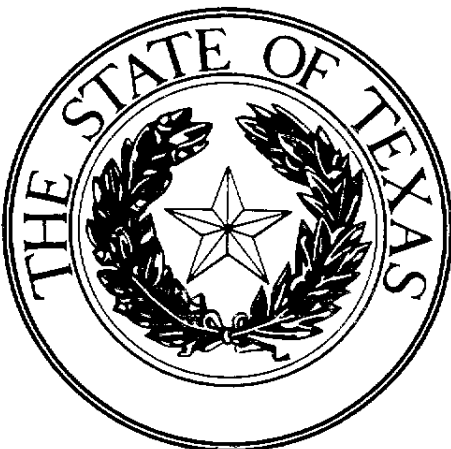
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

ALLIED MERCANTILE INSURANCE AGENCY CORPORATION
File No. 623324-00

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 April 12, 2001.*



Henry Cuellar

Henry Cuellar
Secretary of State

VT