# FOI OCOCO 3857

TO: Registration Section Division of Corporations			
SUBJECT: BAKER ASSURANCE (Name of corporation)	n - must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r to transact business in Florida.  Please return all correspondence concerning this matter.	egister the above referenced	usiness in Florida", foreign corporation 1044548072 07/09/0101093005 ******87.50 *****87.50	
MARALEE M. BAK	ER	1001-15844	
(Name of	Person)	· · · · · ·	
(Firm/Co	-		
3326 ATWELL AVENUE (Address)  LADY LAKE, FLORIDA 32162			
(Address)			
LADY LAKE, FLORIDA 32162 (City/State and Zip code)			
For further information concerning this matter, please call:			
MARALEE BAKER at (352) 751-0588 ZZ C (Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FILED &	
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & X	\$87.50 Filing Fee, 7/23 Certificate of Status & Certified Copy	

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 11, 2001

MARALEE M BAKER 3326 ATWELL AVENUE LADY LAKE, FL 32162

SUBJECT: BAKER ASSURANCE GROUP, INC.

Ref. Number: W01000015844

We have received your document for BAKER ASSURANCE GROUP, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 801A0004078

FILED

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# 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. WARALEE BAKER ASSURANCE GROUP, 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. NORTH CAROLINA (State or country under the law of which it is incorporated)  3. 56-1578224 (FEI number, if applicable)
4. JULY 16, 1987 5. PERPETIHA
6 1) PON 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. 7025 MEADOW GATE DRIVE
(Principal office address)
APEX, NC 27502  (Current moiling address)
(Current mailing address)
8. DEVELOPE TINSURANCE AGENCIES  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridal  [Purpose(s)]
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOffacceptable)
Name: MARALEE M BAKER
Office Address: 3326 ATWELL AVENUE \$ 5
ADY LAKE, Florida 32162 (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.
Maralle M. Buker (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.

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS	•	<u> </u>
Chairman: MARALEG M BAKER		· · · · · · · · · ·
Address: 3326 ATWELL AVENUE		
LADY LAKE, FL B2162		
Vice Chairman:		
Address:		
Director: EDWIN C BAKER		
Address: 3326 ATWELL AVE	· ·	
LADY LAKE, FL 32162		
Director: MARGUERITE C PLACIAL		
Address: 7541 SWITZER RD		=
OVERIAND PARK, KS 66214		· · · · · · · · · · · · · · · · · · ·
,		
B. OFFICERS	TAE SE	
President: EDWIN C BAKER		. :
Address: 3326 Otwell Ove	ASS N	<u> </u>
Lody Lake, FL 32162		<del>!</del> –
Vice President: MARALEE M BAKER	<u></u>	
Address: 3326 Otwell Que	DA 48	
Lady Lake, FL 32162	_ · · · · · · ·	ئد ي ، س <u>د ي</u> .
Secretary: MARALEE M BAKER		
Address: 3326 atwell are Lady Lake.	FL 3216	Z
Treasurer: Maralee M Baker	-	\$14.00 TO THE
Address: 3326 Otwell Ove Lady Lake, F	L 32162	· · · · · · · · · · · · · · · · · · ·
0		
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or director	rs.
13. Maralee M Baker		
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)	
14. MARALEE M BAKER		
(Typed or printed name and capacity of person signing applicati	on)	



### **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

#### BAKER ASSURANCE GROUP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of July, 1987, 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 2nd day of July, 2001.

Secretary of State

Certification Number: 5615409-1 Page: 1 of 1 Ref. # 4626590 Verify this certificate online at www.secretary.state.nc.us/Verification.