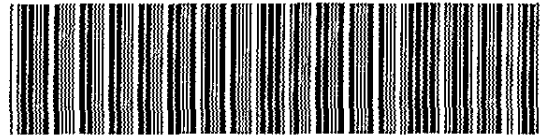


F03000000258

FILED

03 JAN 14 PM 1:00

CLERK OF STATE
TALLAHASSEE, FLORIDA



600009678066

01/14/03--01069--001 **70.00

AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Robert L. Peters, P.A.
Attorney-at-Law
28 South 10th Street
Fernandina Beach, Florida 32034
Telephone: 904/491-0838
Facsimile: 904/491-5989

FILED
03 JAN 14 PM 1:00
TALLAHASSEE, FLORIDA

January 9, 2003

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Southern States Insurance Agency, Inc. d/b/a The Risk Marketing Group

Dear Sir/Madam:

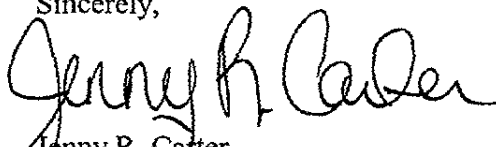
Enclosed please find the following documents for the filing of the above referenced Foreign Corporation:

- 1) Transmittal Letter
- 2) Application by Foreign Corporation for Authorization to Transact Business In Florida
- 3) Certificate of Existence
- 4) Canceled check of Robert L. Peters, P.A., #1522, Amount \$87.50, Dated 2/8/01, Canceled 03/07/01.

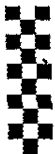
The above mentioned documents were forwarded to your office for filing on February 8, 2001. It has previously been brought to my attention that the Application was never filed. To date we have not received any correspondence stating why the corporation was not filed and we have not received a refund for the monies paid.

I would therefore appreciate your filing the Foreign Corporation and refunding the amount owed at your earliest convenience. Please note that our address has changed. Please contact me as soon as possible with any questions or concerns which you may have.

Sincerely,


Jenny R. Cafer
Assistant to Robert L. Peters, Esq.

/jrc
Enclosures



Jan. 9. 2003 10:53AM
JAN 9 2003 11:00AM

Southern States Insurance

No. 7768 P. 1
No 3384 P. 2/2

Prepared By and Return to:
Robert L. Peters, P.A.
28 South 10th Street
Fernandina Beach, Florida 32034

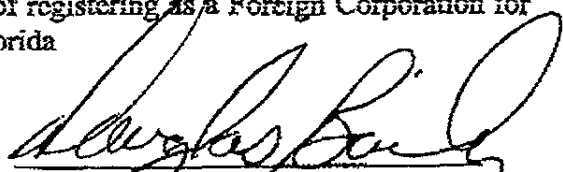
FILED
03 JAN 14 PM 1:00
SOUTHERN STATES
TALLAHASSEE, FLORIDA

CORPORATE RESOLUTION TO ADOPT BUSINESS NAME

Southern States Insurance Agency, Inc., located at 1101 One Midtown Plaza, 1360 Peachtree Street N.E., Atlanta, Georgia 30309, incorporated under the laws of the State of Georgia.

I, Douglas Bailey, President of Southern States Insurance Agency, Inc. hereby certify that below is a true copy of the resolution adopted by the Board of Directors of this corporation, at a meeting duly called and held, a quorum being present on January 9, 2003, and that such resolution is now in full force and effect:

Be it resolved by the Board of Directors of this Corporation that the name **The Risk Marketing Group** is hereby adopted for the use of registering as a Foreign Corporation for authorization to transact business in the State of Florida


Douglas Bailey, President of Southern
States Insurance, Inc. d/b/a The Risk
Management Group

TRANSMITTAL LETTER

FILED
03 JAN 14 PM 1:00
SOUTHERN STATES
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN STATES INSURANCE AGENCY, INC. D/B/A The Risk Marketing
(Name of corporation - must include suffix) Group

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:

Douglas Bailey

(Name of Person)

Southern States Insurance Agency, Inc.

(Firm/Company)

301 Centre Street

(Address)

Fernandina Beach, Florida 32034

(City/State and Zip code)

For further information concerning this matter, please call:

Doug Bailey

(Name of Person)

at (904) 261-9828

(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

FILED

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. PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Southern States 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. Georgia
(State or country under the law of which it is incorporated)
3. 58-2011500
(FEI number, if applicable)
4. July 28, 1992
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 2001
(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. 1100 One Midtown Plaza, 1360 Peachtree Street, N.E., Atlanta, Georgia 30309
(Principal office address)
301 Centre Street, Fernandina Beach, Florida 32034
(Current mailing address)
8. Insurance Brokerage
(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: Robert L. Peters
Office Address: 311 Centre Street, Suite 204
Fernandina Beach, Florida 32034
(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.

Robert Peters

(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

Chief Executive Officer/Chief Financial Officer & Secretary/President & Vice President
Chairman: DOUGLAS BAILEY

Address: 555 C Smith SR Highway #8 PMB 164

St. Marys, Georgia 31558

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. 

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

14. _____

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

FILED

93 JAN 14 PM 1:00

ST. MARYS, FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : K214873
DATE INC/AUTH/FILED: 07/28/1992
JURISDICTION : GEORGIA
PRINT DATE : 02/01/2001, PM 1:00
FORM NUMBER : 211

FILED
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBERT PETERS P.A.
ROBERT PETERS
311 CENTRE ST STE 204
FERNANDINA BCH, FL 32034

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

SOUTHERN STATES INSURANCE AGENCY, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20010201133824388



Cathy Cox

Cathy Cox
Secretary of State

Security enhanced document. See back for details.

**ROBERT L. PETERS, P.A.
OPERATING ACCOUNT**

ripeters@net-magic.net
PH. 904-491-0838 FAX. 904-261-6766
P.O. BOX 1130
FERNANDINA BEACH, FL 32035

1522

DATE Feb 8, 2001

63-1465/631
01

PAY
TO THE
ORDER OF

Florida Department of State

Eighty Seven + 50/100

DOLLARS



FIRST NATIONAL BANK

OF NASSAU COUNTY
1691 South 14th Street
Fernandina Beach, Florida 32034

FOR

Robert Peters

⑈001522⑈

⑈063114658⑈

1001943⑈

⑈0000008750⑈

GUARANTEE BY FIRST NATIONAL BANK

GUARANTEE BY FIRST NATIONAL BANK

