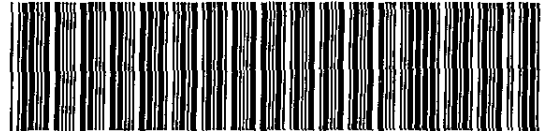


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

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03 MAY 23 PM 3: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D.B. FRANK 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:

AARON K. HEVLE

(Name of Person)

D.B. FRANK & ASSOCIATES, LLC

(Firm/Company)

521 N SAM HOUSTON PKWY, SUITE 650

(Address)

HOUSTON, TX 77060

(City/State and Zip code)

For further information concerning this matter, please call:

AARON K. HEVLE

(Name of Person)

at ( 201 ) 820-6888

(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

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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. D.B. FRANK 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 3. 76-0513210

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

(FEI number, if applicable)

4. 8-23-1996 5. PERPETUAL

(Date of incorporation)

(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. 521 N SAM HOUSTON PKWY, SUITE 650 HOUSTON, TX 77060

(Principal office address)

SAME

(Current mailing address)

8. INSURANCE AGENCY

(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: JOEL FRANK

Office Address: 5124 SW 13TH AVE

CAPE CORAL

(City)

, Florida 33914

(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.*

Joel Frank  
(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:

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A. DIRECTORS

Chairman: DAVID B. FRANK

Address: 521 N SAM HOUSTON PKWY, SUITE 650  
HOUSTON, TX 77060

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: AARON K. HEVLE

Address: SAME AS ABOVE

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: DAVID B. FRANK

Address: SAME AS ABOVE

Vice President: AARON K. HEVLE

Address: SAME AS ABOVE

Secretary: AARON K. HEVLE

Address: \_\_\_\_\_

Treasurer: AARON K. HEVLE

Address: \_\_\_\_\_

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

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

14. AARON K. HEVLE  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



## Office of the Secretary of State

Gwyn Shea  
Secretary of State

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03 MAY 23 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for D.B. Frank Insurance Agency, Inc. (filing number: 141214900), a Domestic Business Corporation, was filed in this office on August 23, 1996.

**It is further certified that the entity status in Texas is active.**

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 May 15, 2003.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea  
Secretary of State