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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

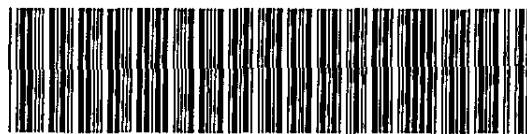
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Davis 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:

Lisa Laday-Davis

(Name of Person)

Davis Insurance Agency, Inc.

(Firm/Company)

2211 N 91st Ct

(Address)

Omaha, NE 68134

(City/State and Zip code)

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For further information concerning this matter, please call:

Lisa Laday-Davis

(Name of Person)

at (402 ) 399-9090 ext 102

(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. Davis Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

## Davis Aaron Insurance Agency, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

## 2. Nebraska

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

## 3. 47-0556498

(FBI number, if applicable)

## 4. 8/7/1983

(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 617.155, F.S.))

## 7. 2211 N 91st Ct Omaha, NE 68134

(Principal office address)

## 2211 N 91st Ct Omaha, NE 68134

(Current mailing address)

## 8. Insurance consulting and placements

(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: NRAI Services, Inc.

Office Address: 5216 E. Park Avenue

Tallahassee, Florida 32301  
(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.

NRAI Services, Inc.

by: Lisa Rouse, Agent  
(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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SECRETARY OF STATE

**A. DIRECTORS**

Chairman: Dick C E Davis

Address: 1626 N 137th St Omaha NE 68154

Vice Chairman: N/A

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

Director: Sharon D Davis

Address: 1626 N 137th St Omaha NE 68154

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

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

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**B. OFFICERS**

President: Sharon D Davis

Address: 1626 N 137th St Omaha NE 68154

Vice President: N/A

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

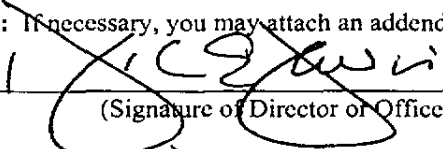
Secretary: Dick C E Davis

Address: 1626 N 137th St Omaha NE 68154

Treasurer: Dick C E Davis

Address: 1626 N 137th St Omaha NE 68154

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Dick C E Davis, CEO  
(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

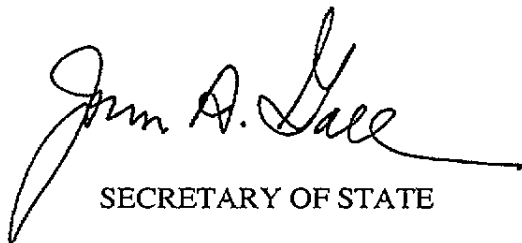
DAVIS INSURANCE AGENCY, INC.

was duly incorporated under the laws of this state on March 7, 1983  
and do further certify that no occupation taxes assessed are unpaid  
and no biennial reports are delinquent; articles of dissolution have not  
been filed and said corporation is in existence as of the date of this  
certificate.

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DIVISION OF CORPORATIONS  
SECRETARY OF STATE

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on May 21, 2004.

  
SECRETARY OF STATE

