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TALLAHASSEE, FLORIDA

NNA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIM 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:

Tabitha Washington
(Name of Person)
AIM Insurance Agency, Inc.
(Firm/Company)
11 Greenway Plaza, Suite 100
(Address)
Houston, TX 77046
(City/State and Zip code)

For further information concerning this matter, please call:

Tabitha Washington at (713) 214-1576
(Name of Person) (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 1, 2005

TABITHA WASHINGTON
AIM INSURANCE AGENCY, INC.
11 GREENWAY PLAZA, SUITE 100
HOUSTON, TX 77046

SUBJECT: AIM INSURANCE AGENCY, INC.
Ref. Number: W05000036174

We have received your document for AIM INSURANCE AGENCY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name 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 call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 605A00049559

**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. A I M Insurance Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

* A I M Insurance Agency Inc. (DE)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DElaware 3. 76-0457666
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/1/94 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11 Greenway Plaza, Suite 100, Houston, TX 77046
(Principal office address)

ATTN: TABITHA WASHINGTON, 11 Greenway Plaza, Suite 100, Houston, TX 77046
(Current mailing address)

8. To provide marketing services and engage in the business of an 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 NOT acceptable)

Name: - C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Denise Bell
(Registered agent's signature)

Denise Bell
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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Mark H. Williamson

Address: 11 Greenway Plaza, Suite 100
Houston, TX 77046

Vice Chairman: _____

Address: _____

Director: Mark H. Williamson

Address: 11 Greenway Plaza, Suite 100
Houston, TX 77046

Director: Gene L. Needles

Address: 11 Greenway Plaza, Suite 100
Houston, TX 77046

B. OFFICERS

President: Gene L. Needles

Address: 11 Greenway Plaza, Suite 100
Houston, TX 77046

Vice President: _____

Address: None

Asst. Secretary: Brian D. Pierce

Address: 11 Greenway Plaza, Suite 100, Houston, TX 77046

Treasurer: Dawn M. Hawley

Address: 11 Greenway Plaza, Suite 100, Houston TX 77046

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

13. *[Signature]*

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

14. Gene L Needles, President

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

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TALLAHASSEE, FLORIDA

Exhibit A

Additional Officers of A I M Insurance Agency, Inc.

Name/Title/Address

1. John D. Hatch, Assistant Secretary
4703 Brayton Terrace S
Palm Harbor, Florida 34685
2. Kathleen D. Pflueger, Assistant Secretary
11 Greenway Plaza
Suite 100
Houston, Texas 77046

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A I M INSURANCE AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2005.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4044246

DATE: 07-25-05