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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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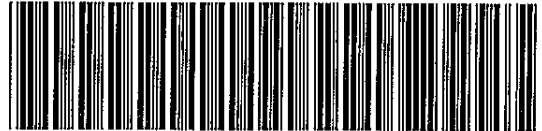
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 09 2006

206-9807

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SECURITY ONE INSURANCE AGENCY CORPORATION
(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:

TERESA PARKS

(Name of Person)

SECURITY ONE INSURANCE AGENCY CORPORATION

(Firm/Company)

5600 BRAINERD ROAD, STE. 1-A

(Address)

CHATTANOOGA, TN 37411

(City/State and Zip code)

For further information concerning this matter, please call:

STEPHEN W. BRANDT

(Name of Person)

at (423) 296-7913

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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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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. SECURITY ONE INSURANCE AGENCY CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SOUTHERN SECURITY INSURANCE AGENCY CORPORATION
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE 3. 20-3046396
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/22/2005 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. 5600 BRAINERD ROAD, SUITE 1-A, CHATTANOOGA, TN 37411
(Principal office address)

5600 BRAINERD ROAD, SUITE 1-A, CHATTANOOGA, TN 37411
(Current mailing address)

8. THE CORPORATION WAS SET UP TO HANDLE CROSS SELLING OF OTHER COMPANY'S POLICIES
AND COLLECT COMMISSION ON SUCH POLICIES
(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: FLORIDA COMMISSIONER OF INSURANCE

Office Address: 200 E. GAINES STREET

TALLAHASSEE, Florida 32399
(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.

(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: TIMOTHY D. BRUNS

Address: 5600 BRAINERD ROAD, STE. 1-A
CHATTANOOGA, TN 37411

Vice Chairman: _____

Address: _____

Director: WILLIAM PAUL ROLAND

Address: 5600 BRAINERD ROAD, STE. 1-A
CHATTANOOGA, TN 37411

Director: STEPHEN W. BRANDT

Address: 5600 BRAINERD ROAD, STE. 1-A
CHATTANOOGA, TN 37411

B. OFFICERS

President: TIMOTHY D. BRUNS

Address: 5600 BRAINERD ROAD, STE. 1-A
CHATTANOOGA, TN 37411

Vice President: STEPHEN W. BRANDT

Address: 5600 BRAINERD ROAD, STE. 1-A
CHATTANOOGA, TN 37411

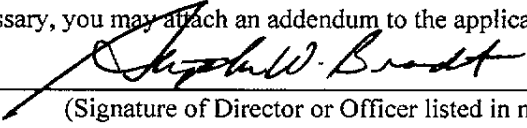
Secretary: WILLIAM PAUL ROLAND

Address: 5600 BRAINERD ROAD, STE. 1-A, CHATTANOOGA TN 37411

Treasurer: STEPHEN W. BRANDT

Address: 5600 BRAINERD ROAD, STE. 1-A, CHATTANOOGA TN 37411

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. STEPHEN W. BRANDT, VICE-PRESIDENT/TREASURER
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
AGENT LICENSING SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1134
(615) 741-2693

MERASTAR INSURANCE
ATTN: TERESA PARKS
P O BOX 181101
CHATTANOOGA, TN 37414-6101

HOME STATE CERTIFICATION

ENTITY NAME: SECURITY ONE INSURANCE AGENCY FILE NO: 2860 STATE: FL

THIS BUSINESS ENTITY IS CURRENTLY LICENSED IN THE STATE OF TENNESSEE.

OUR FILES REFLECT NOTHING OF A DEROGATORY NATURE REGARDING THE SUBJECT.

REMARKS: SUBJECT HOLDS AN BUSINESS ENTITY LICENSE IN THE STATE OF TENNESSEE.
 LICENSE EXPIRES 12/28/2006.

GIVEN UNDER MY HAND AND SEAL OF OFFICE,
THIS 8 DAY OF February, 2006.



Paula A. Flowers
COMMISSIONER