

FD600003466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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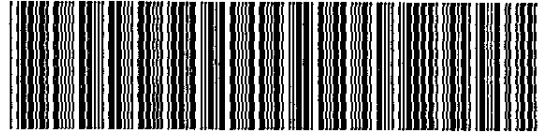
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA  
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06 MAY 12 AM 10:41  
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 093152 167868A

AUTHORIZATION :

COST LIMIT : \$ 70.00

*Spuddean*

ORDER DATE : May 9, 2006

ORDER TIME : 9:40 AM

ORDER NO. : 093152-005

CUSTOMER NO: 167868A

FOREIGN FILINGS

NAME: WACHOVIA INSURANCE AGENCY,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: \_\_\_\_\_

**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. Wachovia Insurance Agency, Inc.

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

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

2. Virginia

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

3. 54-0702835

(FEI number, if applicable)

4. 1/2/1962

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing

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

7. 230 South Tryon Street, Suite 800, Charlotte, North Carolina 28202

(Principal office address)

401 South Tryon Street, Floor 19, Charlotte, North Carolina 28202

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.*

By: 

(Registered agent's signature)

**Brian Courtney  
Asst. V. Pres.**

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**

Chairman: Johanne Hawk  
Address: 401 South Tryon Street  
Charlotte, NC 28202

Vice Chairman: Theresa LaPlaca  
Address: 401 South Tryon Street  
Charlotte, NC 28202

Director: Robert L. Reid  
Address: 401 South Tryon Street  
Charlotte, NC 28202

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

**B. OFFICERS**

President: Robert L. Reid  
Address: 401 South Tryon Street  
Charlotte, NC 28202

~~Asst.~~ Vice President: Beverly W. Jackson  
Address: 301 South College Street  
Charlotte, NC 28288-0630

Secretary: Patricia Austin  
Address: 301 S. College Street, Charlotte, NC 28288-0630  
Treasurer: Theresa LaPlaca  
Address: \_\_\_\_\_

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

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

14. Beverly W. Jackson, Asst. Vice President  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



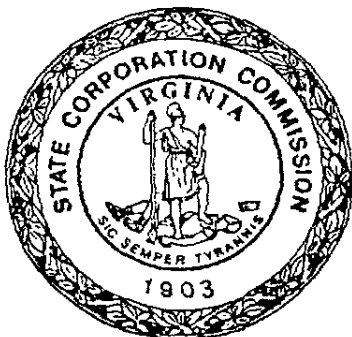
## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

Wachovia Insurance Agency, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 02, 1962.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:*  
*May 9, 2006*

*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*