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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

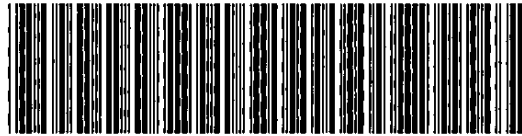
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Luis Macias 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:

Luis M. Macias

(Name of Person)

c/o Attilis & Associates, Ltd.

(Firm/Company)

5600 General Washington Drive, Suite B215

(Address)

Alexandria, VA 22312

(City/State and Zip code)

For further information concerning this matter, please call:

Charles A. Attilis, CPA

(Name of Person)

at (703) 750-1753

(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

**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. **Luis Macias 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. **54-1834814**

(FEI number, if applicable)

4. **October 21, 2002**

(Date of incorporation)

5. **Perpetual**

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

6. **July 1, 2006**

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

7. **1909 34th St. North, St. Petersburg, FL, 33713**

(Principal office address)

5600 General Washington Drive, Suite B215, Alexandria, VA 22312

(Current mailing address)

8. **To operate 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: **Luis M. Macias**

Office Address: **1909 34th St. North**

St. Petersburg

(City)

, Florida **33713**

(Zip code)

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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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Luis M. Macias

Address: 1909 34th St. North

St. Petersburg, FL 33713

Director: _____

Address: _____

B. OFFICERS

President: Luis M. Macias

Address: 1909 34th St. North

St. Petersburg, FL 33713

Vice President: _____

Address: _____

Secretary: Luis M. Macias

Address: 1909 34th St. North, St. Petersburg, FL 33713

Treasurer: Luis M. Macias

Address: 1909 34th St. North, St. Petersburg, FL 33713

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. Luis M. Macias, 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:

Luis Macias 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 October 21, 2002.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 30, 2006*

Joel H. Peck
Joel H. Peck, Clerk of the Commission