F07000000747

(Requestor's Name)
(Address)
(1888-855)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
-
(Business Entity Name)
(Document Number)
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01/22/07--01861--005 **78.75

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FILED SECRETARY OF SIAIL DIVISION OF CORPORATIONS





CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

January 16, 2007

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Certificate of Authority STATE OF FLORIDA

Please issue a Certificate of Authority to Moody & Associates, Inc. so that the organization can transact business in the Florida. Enclosed are the following:

- 1. Application for Certificate of Authority
- 2. Certificate of Existence
- 3. Chubb Licensing Services check in the amount of \$78.75

If there is any need for this application to be returned, please return to:

Chubb Licensing Services LLC 15 Mountain View Road Warren, NJ 07059 ATTN: Teronha Wilson

Thank you for your cooperation.

Teronha Wilson Licensing Associate Chubb Licensing Services LLC (800)824-6717

Encl.

abubblicansing com

COVER LETTER

	ning Section on of Corpor					
SUBJECT:	Moody (Associates,	Inc	с.		
•		(Name of	согра	oration - must include suffix).	
Dear Sir or Ma	dam:					
	Existence,"	and check are sub		n for Authorization to Transa I to register the above refere		
Please return al	l correspond	lence concerning	his m	atter to the following:		
Teronha	Wilson					
			(Nar	ne of Person)		
Chubb Li	censing	Services, LLO	;			
	,		(Firr	n/Company)		
15 Mount	ain View	Blvd, Warren	ı, N.	J 07059		
			(Address)		
Warren,	NJ 0705	9				
		((City/S	tate and Zip code)		
		cerning this matte				
Teronha		at·	(_9	08 γ 903-2068 Area Code & Daytime Telep	hone Number)	
(1 va ine	of Person)		(1	Mea Code & Daytime Petep	none-reamocry	
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 c	heck for the	following amoun	t <u>;</u> .			
\$70.Ö0 Éifin	g Fee	\$78.75 Filing Fe Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2007

TERONHA WILSON 15 MOUNTAIN VIEW BLVD WARREN, NJ 07059

SUBJECT: MOODY & ASSOCIATES, INC.

Ref. Number: W0700003647

We have received your document for MOODY & ASSOCIATES, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the original and one copy of 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) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 907A00005499

DECETVED

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. <u>Mood</u>	y & Associates, Inc.			
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "CORPORATION,"	
Moody & As	ssociates, Clarksburg, Inc.			
(If name unava	ilable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business	in Florida)
2. Marylan	d	3	52-1590874	
	y under the law of which it is incorporated)	_ J.	(FEI number, if applicable)	
9 - 21		5.	Perpetual	
(Dat	te of incorporation)		(Duration: Year corp. will cease to exist or "I	perpetual")
6.	1-20-07			
	Principal office (Principal office 1 Gateway Center Drive, Clar (Current mailing	add rks	burg, MD 20871	
Insu 8.	rance Agency			07 07
	(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)	FEB SON
9. Name and stre	eet address of Florida registered agent: ((P.C	Box NOT acceptable)	0F CC
Name:	Corporation Service Company	У		DRP O
Office Address:	1201 Hays Street			2: 4
	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.

(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:

FILED SECRETARY OF STATE TO SECRETARY OF CORPORATIONS

A. DIRECTOR	07 FEB -6 PH 2: 42
Chairman:	07 FED 0 TH 2. 42
Address:	
	
Vice Chairman: _	
	·
Director	
Address.	
Address:	
······································	
B. OFFICERS	Chuichashan C. Mardu
President:	Christopher S. Moody
Address:	21108 Cozy Court, Gauthersburg, MD 20882
Vice President:	John P. Marley
	1309 Mitchell Court, Mt Airy, MD 21771
	
Casatainu	ž
	:
Treasurer:	sel
Address:	
NOTE: If neces	ssary, pour 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.	Christopher S. Moody
	(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MOODY & ASSOCIATES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 01, 2007.

Paul B. Anderson Charter Division

Faul B. Underer

07 FEB -6 PM 2: 46



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097