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| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    | <u></u>   |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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#### **COVER LETTER**

|           | TO: New Filing Section Division of Corporations  SUBJECT: Southern States Insurance, Inc.  (Name of corporation - must include suffix)   |
|-----------|--|
| ttached - | 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.  Lak # 672 *** *** *** *** *** *** *** *** *** *   |
|           | For further information concerning this matter, please call:  (My direct line)  Tohn Schubert at (678) 715-0888  (Name of Person)  (Area Code & Daytime Telephone Number)  |
|           | STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  Enclosed is a check for the following amount:  MAILING ADDRESS:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  |
|           | \$70.00 Filing Fee \$\ \text{Solution of Status} \ \ \text{Certified Copy} \ \ \text{Certified Copy} \ \ \text{Certified Copy} \ Certi |

## 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. Southern States Insurance Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")   | 17     |
|--|--------|
| (Fictitious Name) Southern States Insurance of Florida (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)   |        |
| 2. Feorgia USA 3. 58 - 1989705 (State or country under the law of which it is incorporated) (FEI number, if applicable)  |        |
| 4. 4.21-1992 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  | - 66   |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)   | - •    |
| 7. 3050 Amwiler Road Atlanta 6A 30360 (Principal office address)   |        |
| P.O. Box 620765 Atlanta, GA 30362 (Current mailing address)  |        |
| 8. INSUFANCE Agency (Florida Agency I:cease Attached) (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:     HERESA   R.   KRIDER   B.   F.  | AFFRON |
| Office Address: = 4300 LEGENDARY DR Swite 221  DESTIN Florida 1254/ (City) (Zip code)  | E      |
| 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. |        |

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.

(Registered agent's signature)

| A. DIRECTO     |   |                                       |              |                         |          |
|----------------|---|---------------------------------------|--------------|-------------------------|----------|
| Chairman:      | John W. Schubert  |                                       | <del> </del> |                         |          |
| Address:       | 3050 Amwiles Rd   |                                       |              |                         |          |
|                | Atlanta, GA 30360   |                                       | ESS :        | 7                       | مار.     |
| Vice Chairman: |   | ·                                     | 大学           | &<br><del>    </del>  ≥ |          |
| Address:       |   |                                       | <u>(11</u>   |                         | <u> </u> |
|                |   |                                       |              | 2                       |          |
| Director:      |   |                                       |              | 55                      |          |
| Address:       |   |                                       |              |                         |          |
|                |   |                                       |              | <u> </u>                | _        |
| Director:      |   |                                       | ·            |                         |          |
| Address:       |   | <u> </u>                              |              | <del></del>             |          |
|                |   | ·                                     | <del></del>  |                         |          |
| B. OFFICER     |   |                                       |              |                         |          |
| President:     | John W. Schobert  | (Home)                                |              |                         |          |
|                | 3050 Amwiler Rd   |                                       | rriwent      | ther w                  | ېر       |
|                | Atlanta, GA 30360   | I John                                | s Cree       | KSA                     |          |
|                | James E. Schobert   | · · · · · · · · · · · · · · · · · · · |              | 300                     | 2        |
| Address:       | e: 9430 Coleherne Ct  |                                       |              | <del></del>             |          |
| <u></u> .—     | John's Creek, GA 3002   | . 7                                   |              |                         |          |
| Secretary:     |   |                                       |              |                         |          |
| Address:       |   |                                       |              | <del></del> _           | ٠.       |
| Treasurer:     |   |                                       |              | <u></u> -               |          |
| Address:       |   | <del> </del>                          | 72 -         | ·                       | ÷        |
| MOTER IC       |   | diamet 65 en en Men                   | #*           |                         |          |
|                | essary, you may attach an addendum to the application listing a | additional officers and/or of         | irectors.    |                         |          |
| 13             | (Signature of Director or Officer listed in number 12 of        | the application)                      |              | <del></del> ,           |          |
| 14             | John W. Schubert Pres   | ident                                 |              | <u> </u>                |          |
|                | (Typed or printed name and capacity of person signing           | g application)                        |              |                         |          |

## STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF **EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### SOUTHERN STATES INSURANCE, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 04/21/1992 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of February, 2007

> Karen C Handel Secretary of State

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Certification Number: 665242-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp