

FD7888003748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

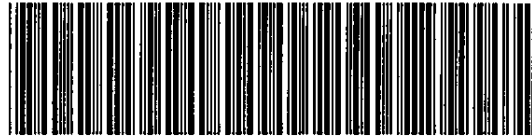
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/25/07--01021--012 \*\*78.75

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2007 JUL 25 P 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-26-07  
10

**KENNEDY LICENSING SERVICE, INC.**

**\*\*\* PROMPT ATTENTION REQUESTED \*\*\***

6/29/2007

Corp. Div.  
FL Secy. of State  
P.O. Box 6327  
Tallahassee, FL 32314

**FILED**  
2007 JUL 25 P 1:43-  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: **Hix Insurance Associates, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,  
Kennedy Licensing Service, Inc.

*Hailey Overby*

Hailey Overby  
Initial Licg. Spec.  
Email: [hoverby@kennedylicensing.com](mailto:hoverby@kennedylicensing.com)

cc: Hix Insurance Associates, Inc.  
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup., Cert. G.S., Ofcr & dir list

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Hix Insurance Associates, 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:

Hailey Overby

(Name of Person)

Kennedy Licensing Service Inc.

(Firm/Company)

3878 Oak Lawn Ave # 210

(Address)

Dallas, TX 75219

(City/State and Zip code)

For further information concerning this matter, please call:

Hailey Overby

(Name of Person)

at ( 214 ) 855-0737

(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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2001 JUL 25 P 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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. Hix Insurance Associates, 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. CO 3. 84-0788779  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/19/1979 5. Perpetual  
(Date of incorporation) (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. 363 East Elkhorn Ave. Suite 201 Estes Park CO 80517  
(Principal office address)
- P. O. Box 4190 Estes Park, CO 80517  
(Current mailing address)

8. Nonresident Insurance Agency Sales & Services  
(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: John D. Hatch, Esquire

Office Address: 1267 Berkshire Lane, Suite 200  
Tarpon Springs, , Florida 34688  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.*

John D. Hatch  
(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: See attached

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: See attached

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Shelley K. Doggett  
(Signature of Director or Officer listed in number 12 of the application)

14. Shelley K. Doggett President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**HIX INSURANCE ASSOCIATES, INC.**  
**STOCKHOLDERS/OFFICERS/DIRECTORS**

Charles F. Hix, III  
50% Stockholder  
Vice President / Secretary  
2933 Hunt Court  
Erie, CO 80516

Shelley K. Doggett  
50% Stockholder  
President  
2326 Arapahoe Road  
Estes Park, CO 80517

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,

HIX INSURANCE ASSOCIATES, INC.

is a  
Corporation

formed or registered on 04/19/1979 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871370091 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/26/2007 that have been posted, and by documents delivered to this office electronically through 06/29/2007 @ 10:48:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/29/2007 @ 10:48:16 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6821065 .



*Mike Coffman*

Secretary of State of the State of Colorado

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*