

F07000003748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/21/12--01011--005 **43.75

NC

FILED
12 MAY 14 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 16 2012
T. ROBERTS

KENNEDY LICENSING SERVICE, INC.

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

2/14/2012

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

Re: **Insurance Associates, Inc.**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$43.75.

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

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

Enc: \$43.75 fee, App. in dup.,, Cert. Art. of Inc.,, Cert. G.S.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hix Insurance Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: F07000003748

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hailey Overby
Name of Contact Person

Kennedy Licensing Service Inc.
Firm/Company

4144 N. Central Expressway, Suite 800
Address

Dallas, TX 75204
City/State and Zip Code

hoverby@kennedylicensing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hailey Overby at (214) 855-0737
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 63227
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2012

*Per
Annette*

FEB 27 2012

HAILEY OVERBY
KENNEDY LICENSING SERVICE INC.
4144 N. CENTRAL EXPRESSWAY, STE 800
DALLAS, TX 75204

SUBJECT: HIX INSURANCE ASSOCIATES, INC.
Ref. Number: F07000003748

We have received your document for HIX INSURANCE ASSOCIATES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

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

The document number of the name conflict is #P02000105558 - INSURANCE ASSOCIATES OF FLORIDA INC..

Please return 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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 912A00007638

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 14 AM 10:09
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

www.sunbiz.org

FILED
MAY 14 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

President
(Title of person signing)



I, SCOTT GESSLER, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS
OFFICE, ARTICLES OF AMENDMENT WERE FILED ON DECEMBER 21, 2011
CHANGING THE ENTITY NAME OF

HIX INSURANCE ASSOCIATES, INC.
(COLORADO CORPORATION)

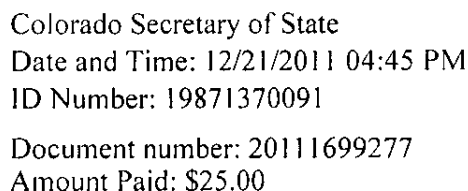
TO

INSURANCE ASSOCIATES, INC.

I FURTHER CERTIFY THAT SAID ENTITY HAS COMPLIED WITH ALL
APPLICABLE REQUIREMENTS OF THIS OFFICE, AND IS IN GOOD
STANDING WITH THIS OFFICE.

Dated: March 28, 2012

SECRETARY OF STATE



Document processing fee
Fees & forms/cover sheets
are subject to change.

To access other information or print
copies of filed documents,
visit www.sos.state.co.us and
select Business.

\$25.00

Document number: 20111699277
Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

1. Entity name: HIX INSURANCE ASSOCIATES, INC.
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name:
(if applicable) **INSURANCE ASSOCIATES, INC.**

3. Use of Restricted Words (*if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box*):

- ☐ "bank" or "trust" or any derivative thereof
☐ "credit union" ☐ "savings and loan"
☐ "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

6. If the corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the corporation's period of duration as amended is perpetual, mark this box: ☒

7. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

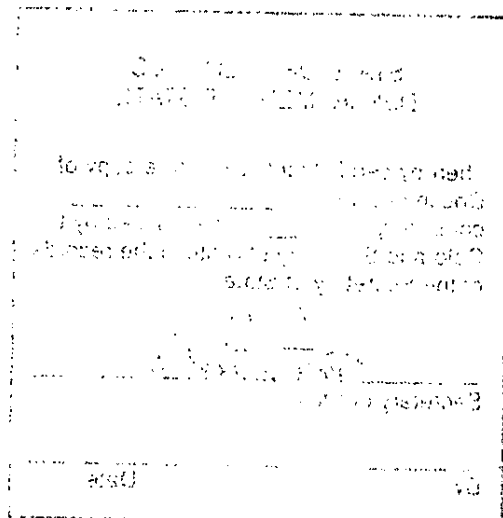
8. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Coffman Gregg H
(Last) (First) (Middle) (Suffix)
501 St Vrain Lane
(Street name and number or Post Office information)
Suite 200
Estes Park CO 80517
(City) (State) (Postal/Zip Code)
United States
(Province - if applicable) (Country - if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

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

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 02/09/2012 that have been posted, and by documents delivered to this office electronically through 02/13/2012 @ 09:08:38.

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 02/13/2012 @ 09:08:38 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8165230.



A handwritten signature in black ink, appearing to read "Scott Gessler", is written over a horizontal line.

Secretary of State of the State of Colorado

*****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/BusinessCenter> and select "Frequently Asked Questions."