

F07000003851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

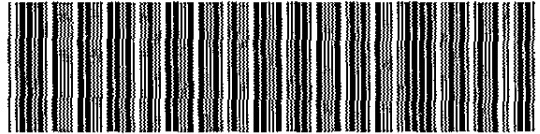
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U.S. DEPARTMENT OF JUSTICE

8/1/07



**Insurance Licensing Services**

111 N. Railroad Street  
Groesbeck, TX 76842

Date 7/26/2007

File # 2337

To:

Florida Secretary of State

Divisions of Corporations

409 E. Gaines St

Tallahassee FL 32399

Dear Sir/Madam:

This transmittal is for filing the following document(s) on behalf of Creative Insurance Managers, Inc.



Certificate of Authority



\_\_\_\_\_

**Enclosed are:**



Submission Cover Sheet



Application form(s)



Certificate of Good Standing



Articles of Incorporation



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



Check for \$ 70.00 75261



Check for \$ \_\_\_\_\_

Please return all filed copied document(s) etc to:

**ILSA**

**Attn: Becky Staton**

**111 N. Railroad**

**Groesbeck, TX 76642**

For any questions regarding this submittal, please contact :

**Becky Staton (254) 729-6192**

Telephone

**(254) 729-2031**

Fax

**bstaton@licensing4insurance.com**

E-Mail

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Creative Insurance Managers, 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:

Becky Staton  
(Name of Person)

Insurance Licensing Services of America  
(Firm/Company)

111 N. Railroad Street  
(Address)

Groesbeck, TX 76642  
(City/State and Zip code)

For further information concerning this matter, please call:

Becky Staton at ( 254 ) 729-6192  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration 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. Creative Insurance Managers, 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. GA

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 7/18/2001

(Date of incorporation)

5. Perpetual

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

6. upon qualification

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

7. 3855 Shallowford Rd. Suite 125 Marietta, GA 30062

(Principal office address)

3855 Shallowford Rd. Suite 125 Marietta, GA 30062

(Current mailing address)

8. Non-resident 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: Corporation Service Company

Office Address: 1201 Hays Street

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:

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07 JUL 30 AM 3:10  
TALLAHASSEE  
SECRETARY OF STATE

**A. DIRECTORS**

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

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

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

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

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

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

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

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

FILED  
07 JUN 30 11 40  
SECRET  
TALLAHASSEE, FLA.

**B. OFFICERS**

President: Phillip Williams

Address: 3855 Shallowford Rd. Suite 125 Marietta, GA 30062

Vice President: Robert Lefebvre

Address: 3855 Shallowford Rd. Suite 125 Marietta, GA 30062

Secretary: Robert Lefebvre

Address: 3855 Shallowford Rd. Suite 125 Marietta, GA 30062

Treasurer: Robert Lefebvre

Address: 3855 Shallowford Rd. Suite 125 Marietta, GA 30062

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

13. Phillip Williams  
(Signature of Director or Officer listed in number 12 of the application)

14. Phillip Williams / President  
(Typed or printed name and capacity of person signing 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

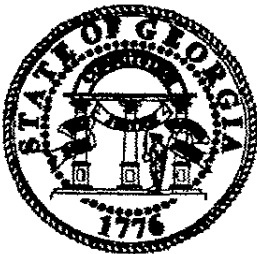
#### CREATIVE INSURANCE MANAGERS, INC.

##### Domestic Profit Corporation

was formed or was authorized to transact business on 07/18/2001 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 25th day of July, 2007

Karen C Handel  
Secretary of State