

FD2000005754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

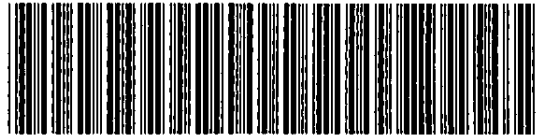
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W07-51964~~

Office Use Only

[Handwritten signature]
11/21



900110590799

10/18/07--01018--004 **78.75

FILED
07 NOV 21 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KENNEDY LICENSING SERVICE, INC.

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

10/8/2007

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

Re: **Frank Bradford Agency 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: hoveryby@kennedylicensing.com

cc: Frank Bradford Agency Inc.
VICTRIX (FL), Reg. Agt.

Enc: App. in dup., Cert. G.S., Ofcr & dir list

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Frank Bradford Agency, 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. Suite 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2007

HAILEY OVERBY
% KENNEDY LICENSING SERVICE INC
3878 OAK LAWN AVE. #210
DALLAS, TX 75219

SUBJECT: FRANK BRADFORD AGENCY INC.
Ref. Number: W07000051964

We have received your document for FRANK BRADFORD AGENCY 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 registered agent must sign accepting the designation.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 507A00061724

RECEIVED
07 NOV 21 AM 8:00
DIVISION OF CORPORATIONS

**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. **Frank Bradford Agency, 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. **New York**

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

3. **11-1895228**

(FEI number, if applicable)

4. **03/31/59**

(Date of incorporation)

5. **Perpetual**

(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. **294 West Merrick Rd. Freeport NY 11520**

(Principal office address)

P.O. Box 792 Freeport NY 11520

(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**

Office Address: **1267 Berkshire Lane Suite 200**

Tarpon Springs,

(City)

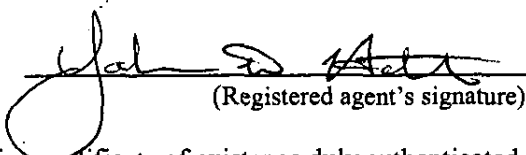
Florida 34688

(Zip code)

FILED
07 NOV 21 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

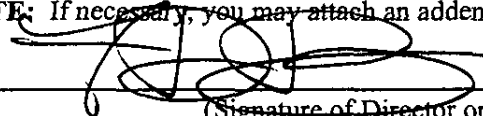
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Frank Bradford, II, Vice President

(Typed or printed name and capacity of person signing application)

Frank Bradford Agency, Inc.
OFFICERS AND DIRECTORS

Frank Bradford
President
50% Stockholder
69 California Ave.
Freeport, NY 11520

Frank D. Bradford, II
Vice President
2022 Grove St.
Baldwin, NY 11510

Maryann Bradford
Vice President
50 % Stockholder
69 California Ave.
Freeport, NY 11520

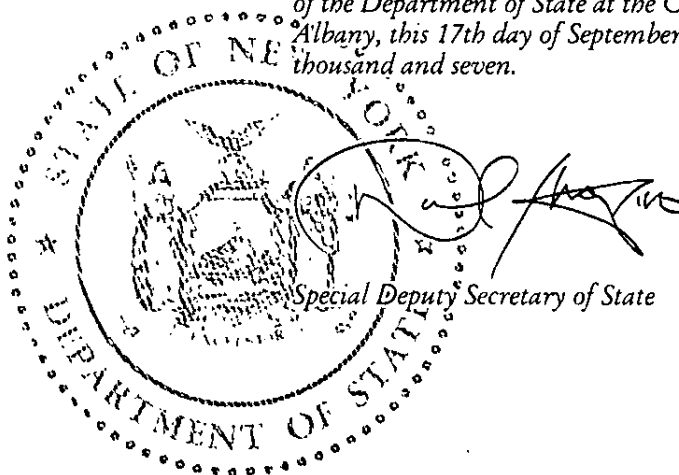
State of New York
Department of State } ss:

OCT 02 2007

I hereby certify, that the Certificate of Incorporation of FRANK BRADFORD AGENCY, INC. was filed on 03/31/1959, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 17th day of September two
thousand and seven.



200709180144 102