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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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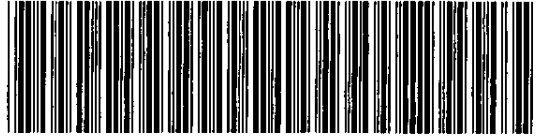
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Whitfield's United Insurance Agencies, 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:

Linda Burdett Licensing Coordinator
(Name of Person)

Whitfield's United Insurance Agencies, Inc.
(Firm/Company)

3425 Broadway
(Address)

Everett, WA. 98206.
(City/State and Zip code)

For further information concerning this matter, please call:

Linda Burdett at (425) 258-2300
(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

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

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. Whitfield's United Insurance Agencies, 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. Washington 3. 91-1366188
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Dec. 02. 1981 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3425 Broadway Everett, WA. 98206
(Principal office address)
- P.O. Box 1127 Everett WA. 98206.
(Current mailing address)

8. Engage in business as Insurance Broker/Agents, Agents of
Underwriters and Insurance Companies, adjusters of Averages and like business
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: Molly Perry
(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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TALLAHASSEE, FLORIDA

A. DIRECTORS

Please see attached form.

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

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

Please see attached form

WHITFIELDS UNITED INSURANCE AGENCIES

DIRECTORS

Chairman:

Roy G. Isaksen
13116 -11th Ave. NE
Marysville, WA. 98271

OFFICERS

President: Donald P. Whitfield
14609 2nd Ave. NW
Marysville, WA. 98271

Senior Vice President:

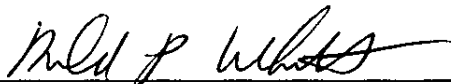
Donald C. Layson
25306 99th Pl. SE
Monroe, WA. 98272

Vice President:

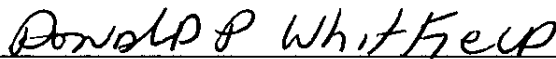
Gregory D. Chandler
13134 Bald Mountain RD.
Monroe, WA 98272

Secretary / Treasurer:

Stephen M. McCoy
13032 42nd Ave W.
Mukilteo, WA. 98275



(Signature of Director or Officer)



(Typed or Name Printed and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
WHITFIELD'S UNITED INSURANCE AGENCIES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/24/1985.

I FURTHER CERTIFY that as of the date of this certificate, WHITFIELD'S UNITED INSURANCE AGENCIES, INC. remains active and has complied with the filing requirements of this office.

Date: February 25, 2008

UBI: 600-428-775



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State