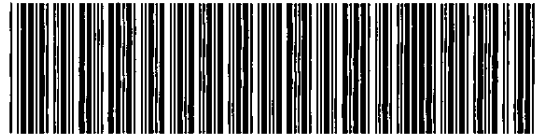


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04/08/08--01038--006 \*\*70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

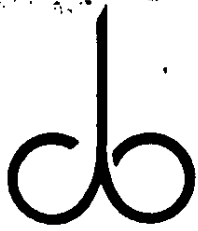
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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08 APR - 8 PM 2: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/8/08



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

GENA BRADSHAW, FLMI  
Chief Executive Officer  
  
W.H.L. WOODYARD IV  
Chief Operating/Financial Officer

April 3, 2008

Florida Dept. of State  
Division of Corporations  
2661 Executive Center Cr. W  
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **Commercial Insurance Management Agency, Inc.** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Patricia Torres  
Corporate Qualification Division

/pt

Enclosures

## COVER LETTER

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

**SUBJECT:** Commercial Insurance Management 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:

Patricia Torres

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N University Suite 550

(Address)

Little Rock AR 72207

(City/State and Zip code)

For further information concerning this matter, please call:

Patricia Torres

(Name of Person)

at ( 501 ) 664-8044

(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. Commercial Insurance Management 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. Alabama 3. 630722289  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/2/1977 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. 2727 Mount Olive Road Mount Olive AL 35117  
(Principal office address)  
PO Box 669 Gardendale AL 35071  
(Current mailing address)

8. The business of insurance, functioning as an 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: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston, Florida 33331  
(City) (Zip code)

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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.*

NRAI Services, Inc.

Patricia Jones  
(Registered agent's signature) *ASST. Sec.*

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: Daniel Preston Geer

✓ Address: 8195 Wade RD Warrior AL 35180

Vice Chairman: MARK Maenche

Address: 1624 Denson Ave. S.W.  
Cullman, AL 35055

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

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

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

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

**B. OFFICERS**

President: Daniel Geer

Address: 2727 Mount Olive Road  
Mount Olive, AL 35117

Vice President: Mark Maenche

Address: 2727 Mount Olive Road  
Mount Olive, AL 35177

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

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

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

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

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

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

14. Daniel Geer President

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

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08 APR -8 PM 2:07  
SECRETARY OF STATE  
MONTGOMERY, ALABAMA



*State of Alabama*  
*Department of Revenue*

**Certificate of Good Standing**

Commercial Insurance Management Agency Inc is in compliance with the requirements in Chapter 14, Title 40, Code of Alabama 1975, prior to its repeal (relating to Franchise Tax) and Chapter 14A, Title 40, Code of Alabama 1975 relating to (Business Privilege and Corporate Shares Tax), as applicable through the taxable year 09/30/2007.

*IN WITNESS WHEREOF, I hereunto set my hand this date of March 20, 2008.*

*Director, Individual and Corporate Tax Division*

ATTEST:

Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR -8 PM 2: 07

FILED

**Business Privilege Tax**

**Phone: 334-353-7923**

Request Date: March 19, 2008

Request Code: 803191368494