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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2008

BRENT PEDDY 5821 FAIRVIEW RD., SUITE 110 CHARLOTTE, NC 28209

SUBJECT: NEXITY INSURANCE, INC.

Ref. Number: W08000021442

We have received your document for NEXITY INSURANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address and the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of 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 frame (850) 245-6995: 3.245-6995:

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 008A00026279

FILED

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ALLAHASSEE. FLORIDA

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COVER LETTER TO: New Filing Section Division of Corporations **SUBJECT:** (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: SUrance, /nc. (Firm/Company) For further information concerning this matter, please call: at (704) 553.0848 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS:** New Filing Section New Filing Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
1. Nex	city Insurance. Inc.
(Enter name of co	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.")
Nex	ity Insurance Services, Inc.
	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
	a ba ma 3. 26-039/44/45 nder the law of which it is incorporated) (FSI number, if applicable)
•	nder the law of which it is incorporated) (FBI number, if applicable)
4. <u>le -</u>	19-2007 5. perpetual
(Date ((Duration: Year Cosp. Will cease to exist of perpetuación
6	(Date first transacted business in Florida, if prior to registration)
	(SEE SECTIONS 607.1307 & 607.1302, F.S., to determine penalty liability)
	(Principal affice address)
Charlo	He, NC 28209 (Current mailing address)
	ion of any lawful business for which the corporation
ransact	ion of any lawful business for which the corporation
8. May be a (Purpose(s)	athorized by the laws of Alabama and permitted under the Florida of corporation authorized in home state or country to be curried out in state of Florida) Corporations Act.
	address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Mario Villa lobos
Office Address:	1420 Celebration Blvd., Suite 200
,	Celebration, Florida 34747 (City) (Zip code)
	(City) (Zip code)
10. Registered ago Having been name designated in this o	ent's acceptance: d as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to co	raply with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.
	Cillabola
_	(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	
A. DIRECTORS Chairman: Address: Address: Chairman: Address: Address: Chairman: Address: Address: Chairman: Control Co	_
Vice Chairman:	_
Address:	
Director:	
Address:	
Director:	<u> </u>
Address:	_
B. OFFICERS President: Will Mackey Address: 5821 Fairview Rel, Suite 110 Charlotte, NC 28209	
Vice President:	
Address:	_
Secretary: David Long Address: 3500 Blue Lake Drive, Suite 330, B'ham, Ar Treasurer: 352 Address:	- <u>[</u> :43
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. (N) Mackey President (Typed or printed name and capacity of person signing application)	

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Nexity Insurance, Inc. incorporated in Jefferson County, Birmingham, Alabama on June 19, 2007. I further certify that the records do not disclose that said Nexity Insurance, Inc. has been dissolved.

TILED

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SECRETARY OF STATE
ANASSEE FI ORIT



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 21, 2008

Date

Beth Chapman

Beth Chapman

Secretary of State