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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 29 PM 3:19

APPROVED
AND
FILED

B. McKnight MAY 29 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alliance Insurance Services, 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:

Kimberly Eckhardt

(Name of Person)

Alliance Insurance Services, Inc.

(Firm/Company)

21 Pebble Place

(Address)

Fredericksburg, VA 22405

(City/State and Zip code)

For further information concerning this matter, please call:

Kimberly Eckhardt

(Name of Person)

at (540) 379-6331

(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. Alliance Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Alliance DC Insurance Services, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia

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

3. 20-8232744

(FEI number, if applicable)

4. 1/12/07

(Date of incorporation)

5. Perpetual

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

6. not applicable - approximate date will begin transacting: 6/1/08

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

7. 1660 L St., NW Suite #308 Washington, DC 20036

(Principal office address)

1660 L St., NW Suite #308 Washington, DC 20036

(Current mailing address)

8. We are an independent insurance agency and will sell insurance to consumers.

(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, Esq.

Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs, Florida 34688
(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.

By: John D. Hatch

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 29 PM 3:15

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joan L. Dore'

Address: 1660 L St., NW Suite #308
Washington, DC 20036

CEO
Vice Chairman: Donald J. Butcher

Address: 1660 L St., NW Suite #308
Washington, DC 20036

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kenneth Daveler

Address: 1660 L St., NW Suite #308
Washington, DC 20036

Vice President: Kenneth Daveler

Address: 1660 L St., NW Suite #308
Washington, DC 20036

Secretary: Kenneth Daveler

Address: 1660 L St., NW Suite #308 Washington, DC 20036

Treasurer: Kenneth Daveler

Address: 1660 L St., NW Suite #308 Washington, DC 20036

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

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

14. Kenneth E. Daveler, President
(Typed or printed name and capacity of person signing application)

APPROVED
AND
FILED
08 MAY 29 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Alliance Insurance Services, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 12, 2007.

Nothing more is hereby certified.

APPROVED
FILED
03 MAY 29 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
April 14, 2008*



Joel H. Peck
Joel H. Peck, Clerk of the Commission