

F08000003238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

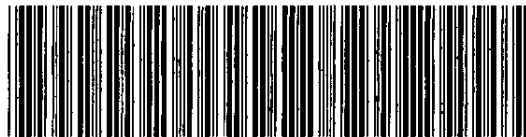
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100132700371

07/22/08--01040--005 **87.50

FILED
08 JUL 22 PM 12:15
RECEIVED
FBI ALABAMA

7/23/08



AmFirst
Insurance Company

July 16, 2008

Florida Secretary of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: AmFirst Insurance Company

Ladies and Gentlemen:

Enclose is an Application by Foreign Corporation and attachments.

Please contact me at 601-956-2028 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlton Hines'.

Carlton Hines
Accounting Department

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AmFirst Insurance Company
(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:

Carlton Hines

(Name of Person)

AmFirst Insurance Company

(Firm/Company)

P.O. Box 16708

(Address)

Jackson, MS 39236

(City/State and Zip code)

For further information concerning this matter, please call:

Carlton Hines at (601) 956-2028, Ext 142
(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. **AmFirst Insurance Company**

(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. **Oklahoma**

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

3. **64-0902785**

(FEI number, if applicable)

4. **10-31-02**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **5722 I-55 N. Frontage Rd. Jackson, MS 39211**

(Principal office address)

P.O. Box 16708 Jackson, MS 39236

(Current mailing address)

8. **Insurance Company**

(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: **CT Corporation System**

Office Address: **1200 S. Pine Island Rd**

Plantation

(City)

, Florida **33324**

(Zip code)

FILED
08 JUL 22 PM 12:15
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.

Bernadette McNamara

Assistant Secretary

Bernadette M. McNamara

(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: David R. White

Address: 5722 I-55 N. Frontage Rd
Jackson, MS 39211

Vice Chairman: _____

Address: _____

Director: David R. White

Address: 5722 I-55 N. Frontage Rd
Jackson, MS 39211

Director: John J. Morgan

Address: 5722 I-55 N. Frontage Rd
Jackson, MS 39211

B. OFFICERS

President: David R. White

Address: 5722 I-55 N. Frontage Rd
Jackson, MS 39211

Vice President: John J. Morgan

Address: 5722 I-55 N. Frontage Rd
Jackson, MS 39211

Secretary: Richard L. Eaton

Address: 5722 I-55 N. Frontage Rd Jackson, MS 39211

Treasurer: Richard L. Eaton

Address: 5722 I-55 N. Frontage Rd Jackson, MS 39211

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. Richard L. Eaton, Secretary

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

FILED
JUL 22 PM 12:15
JUL 22 2015
JUL 22 2015
JUL 22 2015

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT CORPORATION INSURANCE**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that AMFIRST INSURANCE COMPANY whose registered agent is J ANGELA ABLES ESO, with its registered office at 201 ROBERT S KERR STE 600 OKLA CITY Oklahoma is a Domestic For Profit Corporation Insurance duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 24th day of June, 2008.

M. Susan Savage

Secretary Of State

08 JUL 22 PM 12:15

FILED