

F08000003831

(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

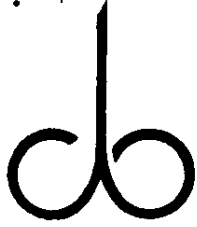


100135078181

09/02/08--01046--002 **70.00

FILED
2008 SEP -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf. 9-3



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
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

August 26, 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 **Cumberland Valley Insurance Management 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: Cumberland Valley Insurance Management, 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, Inc.

(Firm/Company)

1501 North 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. Cumberland Valley Insurance Management, 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. Kentucky 3. 61-0923881
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/30/1977 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. 412 North Broad Street London, Kentucky 40741
(Principal office address)
- 412 North Broad Street London, Kentucky 40741
(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)

FILED
2000 SEP -2 AM 8:30
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.



(Registered agent's signature) Patricia Torres, Assistant Secretary

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:

FILED

A. DIRECTORS

Chairman: see attachment

2000 SEP -2 AM 8:30

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lester Marcum

Address: 412 North Broad Street, London, KY 40741

Vice President: _____

Address: _____

Secretary: Elmo L Greer

Address: 412 North Broad Street, London, KY 40741

Treasurer: Elmo L Greer

Address: 412 North Broad Street, London, KY 40741

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. Lester Marcum, President

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

Florida Application for Certificate of Authority

Entity: Cumberland Valley Insurance Management, Inc.

Attachment Title: Exhibit A

Director Name Address

Rex Greer 412 North Broad Street, London, KY 40741

Jerry Greer 412 North Broad Street, London, KY 40741

Lanny Greer 412 North Broad Street, London, KY 40741

Todd Greer 412 North Broad Street, London, KY 40741

Greg Greer 412 North Broad Street, London, KY 40741

Commonwealth of Kentucky
Trey Grayson, Secretary of State

8/25/2008

Division of Corporations
Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 69062

Jurisdiction: cumberland valley insurance management, inc

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

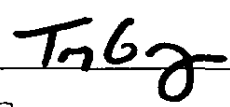
CUMBERLAND VALLEY INSURANCE MANAGEMENT, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is September 30, 1977 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25th day of August, 2008.




Trey Grayson
Secretary of State
Commonwealth of Kentucky
69062/0083731