

F08000004045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 SEP 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 17 2008

KENNEDY LICENSING SERVICE, INC.

***** PROMPT ATTENTION REQUESTED *****

9/8/2008

Corp. Div.
FL Secy. of State
P.O. Box 6327
Tallahassee, FL 32314

Re: **Mark Davis Insurance Agency**

Enclosed are the necessary applications to qualify the above referenced foreign corporation. Included are check(s) in the amount of \$78.75.

This corporation is anxious to obtain an insurance license in your state. Therefore, please process their application as soon as possible and forward the approved duplicate copy (if applicable) and Certificate of Authority to my attention (ppd. env. attached).

If you have any questions or require additional information, please contact me at 214-855-0737. Your cooperation and prompt attention to this request is greatly appreciated.

Sincerely,
Kennedy Licensing Service, Inc.

Hailey Overby

Hailey Overby
Initial Licg. Spec.
Email: hoverby@kennedylicensing.com

cc: Mark Davis Insurance Agency
VICTRIX (FL), Reg. Agt.

Enc: \$78.75 fee, App. in dup., Cert. G.S., Ofcr & dir list

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SECRETARY OF
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mark Davis Insurance 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:

Hailey Overby

(Name of Person)

Kennedy Licensing Service Inc.

(Firm/Company)

3878 Oak Lawn Ave # 210

(Address)

Dallas, TX 75219

(City/State and Zip code)

For further information concerning this matter, please call:

Hailey Overby

(Name of Person)

at (214) 855-0737

(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. Mark Davis Insurance 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. California

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

3. 16-1781118

(FEI number, if applicable)

4. 01/01/2007

(Date of incorporation)

5. Perpetual

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

6. Upon filing

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 520 S. State Street Ukiah, CA 95482

(Principal office address)

same as above

(Current mailing address)

8. Nonresident insurance agency sales & services

(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, Esquire

Office Address: 1267 Berkshire Lane Suite 200

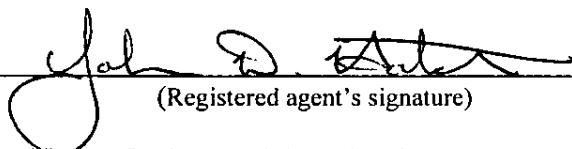
Tarpon Springs, , Florida 34688

(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.


(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

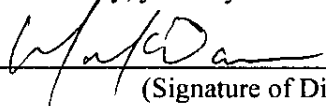
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Mark Davis, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF
TALLAHASSEE COUNTY

Mark Davis Insurance Agency, Inc.
OFFICERS AND DIRECTORS

Mark Davis,
President
51% Ownership
1301 El Dorado Rd.
Ukiah, CA 95482

Robert McAsey
Secretary
24.50% Ownership
2401 Redemeyer Rd.
Ukiah, CA 95482

Staci Carr
CFO
24.50% Ownership
231 Antoni Lane
Ukiah CA 95482

State of California
Secretary of State

SEP 04 2008

CERTIFICATE OF STATUS

ENTITY NAME:

MARK DAVIS INSURANCE AGENCY, INC.

FILE NUMBER: C2961442
FORMATION DATE: 01/01/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of August 26, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State