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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

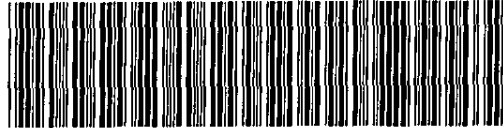
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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9-22-08



BLACK HILLS INSURANCE
A MAGUIRE AGENCY SINCE 1949

September 15, 2008

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Foreign Corporation for Black Hills Agency, Inc.

Dear Secretary of State:

I am enclosing our application for a Foreign Corporation for above referenced Corporation, a Certificate of Good Standing and a check for \$70.

If any further information is needed please don't hesitate to contact me at (605) 342-5555 or my email address is telamann@bhagency.org.

Kindest regards,

Tela Mann
Licensing Coordinator

En:

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TALLAHASSEE, FLORIDA



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Black Hills 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:

Kelly G Maguire - President

(Name of Person)

Black Hills Agency, Inc.

(Firm/Company)

820 St. Joseph Street, PO Box 3330

(Address)

Rapid City, SD 57709

(City/State and Zip code)

For further information concerning this matter, please call:

Tela Mann

(Name of Person)

at (605) 342-5555

(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

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TALLAHASSEE, FLORIDA

**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. Black Hills 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. South Dakota

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

3. 46-0221580

(FEI number, if applicable)

4. 7/25/1949

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 820 St. Joseph Street, Rapid City, SD 57701

(Principal office address)

PO Box 3330, Rapid City, SD 57709

(Current mailing address)

8. Insurance Sales

(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee

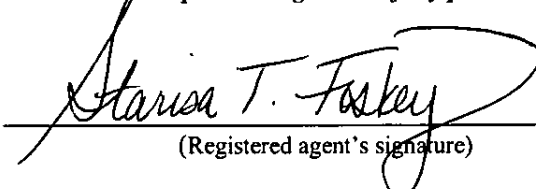
(City)

, Florida 32301

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kevin G. Maguire

Address: 820 St. Joseph St., Rapid City, SD 57701

Director: Katherine Randall

Address: 820 St. Joseph St., Rapid City, SD 57701

B. OFFICERS

President: Kelly G Maguire

Address: 820 St. Joseph St., Rapid City, SD 57701

Vice President: Michael Maguire

Address: 820 St. Joseph St., Rapid City, SD 57701

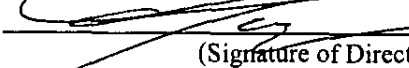
Secretary: Suzanne Fees

Address: 820 St. Joseph St., Rapid City, SD 57701

Treasurer: Kevin Maguire

Address: 820 St. Joseph St., Rapid City, SD 57701

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. Kelly G Maguire - President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED INITIAL REGISTERED AGENT

I, Starisa T. Foskey of Registered Agent Solutions, Inc.,

hereby acknowledge that the undersigned individual or corporation accepts the appointment

as Initial Registered Agent of Black Hills Agency, Inc.,

the corporation which is named in the annexed Application for Certificate of Authority.

*(Sign on this line if the registered agent named in the application is an individual.
If this line is signed, the two lines below do not apply and must be left blank.)*

.....

CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank.)

Registered Agent Solutions, Inc.

*(If the registered agent named in the application is a corporation, type or print the
name of that corporation here.)*

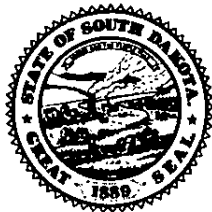
By

Starisa T. Foskey

(An authorized officer of the corporation being appointed as registered agent must sign here.)

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SECRETARY OF STATE

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

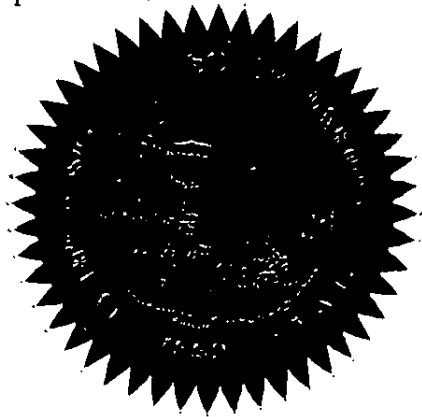
Certificate of Existence Domestic Corporation

ORGANIZATIONAL ID #: DB006573

I, **Chris Nelson**, Secretary of State of the State of South Dakota, do hereby certify that **BLACK HILLS AGENCY, INC.** was duly incorporated under the laws of this state on **July 25, 1949** for a **perpetual** term of existence.

I, further certify that said corporation has complied with the laws of this State relative to the formation of corporations of its kind and is now a regularly and properly organized and existing corporation under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of dissolution have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this September 15, 2008.



Chris Nelson

Chris Nelson
Secretary of State

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TALLAHASSEE, FLORIDA