

FD90000000204

(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



300138519413

12/10/08--01024--008 \*\*70.00

FILED  
09 JAN 15 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS 1/16/09

108-55153

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Deep South Surplus, 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:

Kathy Davis

(Name of Person)

Deep South Surplus, Inc.

(Firm/Company)

333 Texas Street, Suite 725

(Address)

Shreveport, LA 71101

(City/State and Zip code)

For further information concerning this matter, please call:

Kathy Davis

(Name of Person)

at ( 214 ) 493-4226

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2008

KATHY DAVIS  
DEEP SOUTH SURPLUS, INC.  
333 TEXAS STREET, SUITE 725  
SHREVEPORT, LA 71101

SUBJECT: DEEP SOUTH SURPLUS, INC.  
Ref. Number: W08000055153

We have received your document for DEEP SOUTH SURPLUS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 208A00060087

RECEIVED  
DEPARTMENT OF STATE  
09 JAN 15 PM 1:04



DEEP SOUTH

FILED

January 13, 2009

09 JAN 15 PM 4:37

Ms. Ruby Dunlap, Regulatory Specialist  
Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Deep South Surplus, Inc.  
Ref Number: W08000055153

Dear Ms. Dunlap:

In reference to the enclosed application for authorization to transact business in Florida, please accept this letter as verification that Deep South Surplus, Inc. and Deep South Surplus of Florida, Inc. are owned by the same shareholder, QBE U.S. Agencies, Inc.

After receiving the enclosed letter dated December 11, 2008, I called your office on January 13, 2009 and was informed that a letter verifying common ownership was necessary in order to use the name "Deep South Surplus, Inc."

Please let me know if any further information is needed to process this application.

Sincerely,

Kathy Davis  
Executive Assistant

**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. Deep South Surplus, 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. Louisiana

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

3. 72-0900810

(FEI number, if applicable)

4. 09/20/1967

(Date of incorporation)

5. 99 years

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

6. 01/01/2009

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

7. 333 Texas Street, Suite 725, Shreveport, LA 71106

(Principal office address)

333 Texas Street, Suite 725, Shreveport, LA 71106

(Current mailing address)

8. Insurance agency 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: James Fronte

Office Address: 801 Brickell Ave, Suite 1450

Miami

(City)

Florida 33131

(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.

**FILED**  
09 JAN 15 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Susan Rivera

Address: Wall Street Plaza, 88 Pine Street  
New York, NY 10005

Vice Chairman: Michael P. Dugan

Address: 333 Texas Street, Suite 725  
Shreveport, LA 71106

Director: Christopher Fish

Address: Wall Street Plaza, 88 Pine Street  
New York, NY 10005

Director: Geoff Gregory

Address: 300 Galleria Parkway SE, Suite 900  
Atlanta, GA 30339

**B. OFFICERS**

President: Michael P. Dugan

Address: 333 Texas Street, Suite 725  
Shreveport, LA 71106

Vice President: Roberta Anderson, Assistant Secretary

Address: Wall Street Plaza, 88 Pine Street  
New York, NY 10005

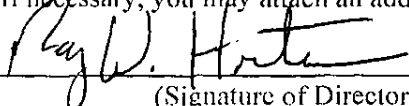
Secretary: Roy W. Horton

Address: 6363 N State Hwy 161, Suite 100, Irving, TX 75038

Treasurer: Michael R. Trotter

Address: 6363 N State Hwy 161, Suite 100, Irving, TX 75038

**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. Roy W. Horton, Secretary  
(Typed or printed name and capacity of person signing application)

# United States of America State of Louisiana



FILED  
09 JAN 15 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

As Secretary of State, Jay Dardenne, I do hereby Certify that

## DEEP SOUTH SURPLUS, INC.

A corporation domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on  
September 20, 1967,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

In testimony whereof, I have hereunto set  
My hand and caused the Seal of my Office  
To be affixed at the City of Baton Rouge on,  
November 26, 2008

Secretary of State  
27914790D



Certificate ID: 20081126005033

To validate this certificate, visit the following web site,  
go to **Commercial Division, Validate Certificate**, then  
follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)