

F090000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

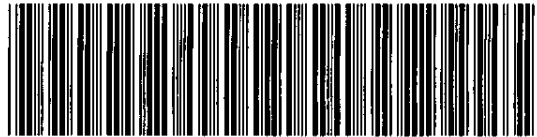
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten:
~~12/22/08~~
60-50568
1-27-09
JCC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2008

DEE RANDALL
117 E. KINGSMILL
PAMPA, TX 79065

SUBJECT: DUNCAN FRASER & BRIDGES INSURANCE AGENCY, INC.
Ref. Number: W08000056568

We have received your document for DUNCAN FRASER & BRIDGES INSURANCE AGENCY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 708A00061479

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Duncan Fraser & Bridges 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:

Dee Randall
(Name of Person)
Duncan Fraser & Bridges Insurance Agency Inc.
(Firm/Company)
117 E. Kingsmill
(Address)
Pampa, TX 79065
(City/State and Zip code)

For further information concerning this matter, please call:

Dee Randall at (806) 669-3333
(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. Duncan Fraser & Bridges 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. Texas 3. 75-2568573
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/18/1994 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. 117 E. Kingsmill Pampa, TX 79065
(Principal office address)

117 E. Kingsmill Pampa, TX 79065
(Current mailing address)

8. Selling Property & Casualty Insurance; Life & Health Insurance
(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)

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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.

by: Lindsey Klemencic
(Registered agent's signature)

Lindsey Klemencic/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:

A. DIRECTORS

Chairman: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List. Officers are the same as the Directors

Address: _____

Vice President: _____

Address: _____

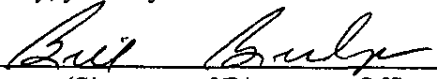
Secretary: _____

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

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TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned Billy Bridges, do hereby certify

That this Resolution of the Board of Directors of Duncan Fraser & Bridges Insurance Agency Inc.

A corporation duly organized and existing under the laws of the State of Texas,

Was duly adopted on 11/18/1994, 19 94.

Resolved, that Duncan Fraser & Bridges Ins. ^{Agency Inc.}, organized

and existing in the State of Texas, hereby adopts the

name Duncan Fraser & Bridges Insurance ^{Agency Inc.} for use in Florida.


Dated: 12/12/2008

Billy Bridges
Signature of at least one Director

Officers:

Name	Title	% of Ownership	TDI#
Donald Lee Fraser 102 W. 18 th St. Pampa, TX 79065 Exp. 8/27/04 456-48-9781 Spouse: Gaye Nell	President	6.83	641196
Billy Frank Bridges 505 North Gray Pampa, TX 79065 Exp. 07/21/04 457-74-6007 Spouse: Karen	Exe. V-President	27.26	664207
Michael Lee Fraser 7722 Bent Tree Amarillo, TX 79109 Exp. 03/21/03 449-15-6750 Spouse: Dottie	Vice-President	19.19	824663
Ewert Ray Duncan 2110 Charles St. Pampa, TX 79065 Exp. 08/31/04 453-54-2536 Spouse: Hilda	Vice-President	2.18	787410
Brian Gregory Duncan 2332 Evergreen Pampa, TX 79065 Exp. 08/31/04 450-78-6011 Spouse: Linda	Vice-President	27.16	787413
Gail (Duncan) Woodington 2512 Fir Pampa, TX 79065 Exp. 02/12/03 450-78-6010 Spouse: Ben	Vice-President	12.35	821005
Lyndon Mark Field 2545 Mary Ellen Pampa, TX 79065 Exp. 03/13/03 467-88-1892 Spouse: Joyce	Vice-President	5.03	724742

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 TALLAHASSEE, FLORIDA

SUSAN COMBS	TEXAS COMPTROLLER of PUBLIC ACCOUNTS P.O. Box 13528 • AUSTIN, TX 78711-3528
	

THE STATE OF TEXAS

§

COUNTY OF TRAVIS


§

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 2009 JAN 22 A 9
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

I, Nancy Furlow Solis, of the Open Records Section of the Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY AND ATTEST, that I am a custodian of franchise tax records and files, that according to the records of this office, Duncan, Fraser & Bridges Insurance Agency, Inc., taxpayer number 1-75-2568573-5 is in good standing with this office through May 15, 2009.

I FURTHER CERTIFY these records consists of official records or reports or entries therein, or documents authorized by law to be recorded or filed, and actually recorded or filed, in a public office, including data compilations, in any form, certified as correct by the custodian or other person authorized to make the certification.

IN TESTIMONY WHEREBY, I have hereunto signed my name officially and caused to be impressed on this 12th day of January 2009 A.D.


 Nancy Furlow Solis, Custodian of Records
 Open Records
 Comptroller of Public Accounts

NFS: krd

