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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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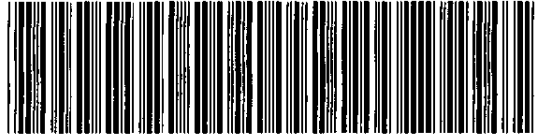
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 APR 15 PM 12:07
STATE
TALLAHASSEE, FLORIDA

EP 4/17/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DALE K. FURRY 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:

JOSEPH W. ANDERSON
(Name of Person)

DALE K. FURRY AGENCY INC.
(Firm/Company)

R.D. #3 Box 468-L
(Address)

ALTOONA, PA. 16601
(City/State and Zip code)

PLEASE NOTE: THIS IS CURRENT MAILING ADDRESS & STREET ADDRESS

For further information concerning this matter, please call:

JOSEPH W. ANDERSON at (814) 684-2047 / 814-934-2780
(Name of Person) (Area Code & Daytime Telephone Number) *CELL*

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. DALE K. FURRY 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. PENNSYLVANIA 3. 26-0466638
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/25/2007 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. RD #3 Box 468-L ALTOONA PA 16601
(Principal office address)

RD #3 Box 468-L ALTOONA PA 16601
(Current mailing address)

8. 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: JOSEPH W. ANDERSON CEO

Office Address: 6837 NE. COBITIS AVE. #482
ARCADIA, Florida 34266
(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.

Joseph W. Anderson President / CEO
(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.

09 APR 16 PM 12:07
STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

09 APR 16 PM 13:01
SOUTHERN FLORIDA
CALL CENTER

B. OFFICERS

President: JOSEPH W. ANDERSON

Address: RD# 3 Box 468-6 ALTOONA, PA 16601

814-934-2780

Vice President: _____

Address: _____

Secretary: CANDACE B. ANDERSON

Address: RD#3 Box 468-6 ALTOONA PA 16601

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joseph W. Anderson

(Signature of Director or Officer listed in number 12 of the application)

14. JOSEPH W. ANDERSON (PRESIDENT, CEO)

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 7, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DALE K. FURRY AGENCY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

09 APR 16 PM 12:07
SECRETARY OF STATE
HALLMARKS, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortis

Secretary of the Commonwealth