

F09000001677

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(City/State/Zip/Phone #)

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W09-17210

734

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04/10/09--01033--022 \*\*70.00

04/24/09--01039--001 \*\*1150.00

FILED  
2009 APR 24 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 27 2009

## COVER LETTER

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

**SUBJECT:** FIRST SOUTHEAST INSURANCE SERVICES, 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:

LINDA P. MORRIS

(Name of Person)

SOMERS-PARDUE INSURANCE SERVICES COMPANY

(Firm/Company)

P.O. BOX 939

(Address)

BURLINGTON, NC 27216-0939

(City/State and Zip code)

For further information concerning this matter, please call:

LINDA MORRIS

(Name of Person)

at ( 336 ) 228-0541

(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

April 13, 2009

LINDA P. MORRIS  
P.O. BOX 939  
BURLINGTON, NC 27216-0939

SUBJECT: FIRST SOUTHEAST INSURANCE SERVICES, INC.  
Ref. Number: W09000017210

We have received your document for FIRST SOUTHEAST INSURANCE SERVICES, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return 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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 109A00012327

**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.

FILED  
2009 APR 26 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. FIRST SOUTHEAST INSURANCE SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SOMERS-PARDUE INSURANCE SERVICES COMPANY

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. SOUTH CAROLINA

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

3. 57-0643816

(FEI number, if applicable)

4. NOVEMBER 17, 1976

(Date of incorporation)

5. PERPETUAL

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

6. APRIL 10, 2008

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

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

*- See Attached explanation*

7. 2440 MALL DRIVE, STE. 100, NORTH CHARLESTON, SC 29406-6544

(Principal office address)

1137 S. CHURCH STREET, P.O. BOX 939, BURLINGTON NC 27216-0939

(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:

INCorp SERVICES, INC.

Office Address:

17888 6TH COURT NORTH

LOXAHATCHEE

(City)

, Florida

33470

(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.*

*[Signature]* on behalf of InCorp Services, Inc.  
(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.

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

**A. DIRECTORS**

Chairman: HUGH L. WILLCOX, JR.

Address: 2440 MALL DRIVE, STE 100  
NORTH CHARLESTON SC 29406-6544

Vice Chairman: PAULA HARPER BETHEA

Address: 2440 MALL DRIVE, STE 100  
NORTH CHARLESTON SC 29406-6544

Director: MICHAEL A. HILTON

Address: 2440 MALL DRIVE, STE 100  
NORTH CHARLESTON SC 29406-6544

Director: A. THOMAS HOOD

Address: 2440 MALL DRIVE, STE 100  
NORTH CHARLESTON SC 29406-6544

**B. OFFICERS**

President: JAMES L. ROWE

Address: 2440 MALL DRIVE, STE 100  
NORTH CHARLESTON SC 29406-6544

Vice President: GREG A. LUNSFORD

Address: 1137 S. CHURCH STREET, P.O. BOX 939  
BURLINGTON NC 27216-0939

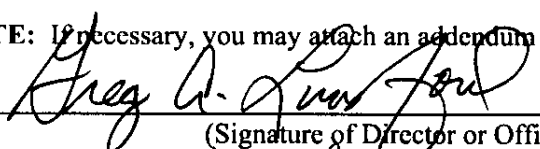
Secretary: DOROTHY B. WRIGHT

Address: 2440 MALL DRIVE, STE 100, NORTH CHARLESTON SC 29406-6544

Treasurer: CHANNING P. HARWOOD, III

Address: 2440 MALL DRIVE, STE 100, NORTH CHARLESTON SC 29406-6544

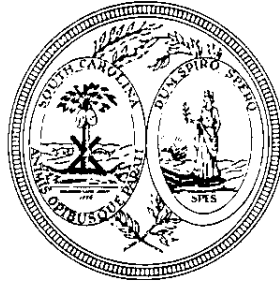
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Greg A. Lunsford Executive Vice President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *The State of South Carolina*



2009 APR 24 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

FIRST SOUTHEAST INSURANCE SERVICES, INC.,  
a corporation duly organized under the laws of the State of South Carolina on November 17th, 1976, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
20th day of March, 2009.

A handwritten signature in black ink that reads "Mark Hammond". The signature is written in a cursive style with a large, stylized "M" and "H".  
Mark Hammond, Secretary of State