

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entry Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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05/15/09--01010--018 **78.75

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EP Sliglog

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Chappell, Smth & ASSOCIATES, 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:			
Christy Poteete, Licensing			
(Name of Person)			
Chappell, Smith & ASSOCIATES, FAC.			
(Firm/Company)			
1006 Merylinger dourt			
(Address)			
(City/State and Zip code)			
(City/State and Zip code)			
For further information concerning this matter, please call:			
1125 0 - 50			
hash toteete at (UIS) 435-8300			
(Namelof Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section Division of Corporations New Filing Section Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & } \text{\$87.50 Filing Fee, } \text{Certificate of Status & Certified Copy} \text{Certified Copy} \text{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 Chapall Smith Associates That 3:32 Th
(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. Tennessee
(State of country under the law of which it is incorporated)
4. OCH 19, 1981
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida if prior, to registration) (SEE SECTIONS 607:1501 & 607:1502, P.S. to determine penalty liability)
1000 mery more Court Fronk in The 37067
PO BOX 681309 Frankling This 31068 1309
(Cürrent mailing, address)
8. Operating a multiple was insurance agency. Including
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida Turnistate of Florida Security Of United Secu
Name: MRAI SCOICES INC
Office Address: 2731 EXECUTIVE PACK OFFICE
West of Line Plorida 13335V
(City)
10. Registered agent's acceptance:
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
aesignateu in this application; i nereoy acceptine appointment astregisterea agent and agree to act in this capacity, 423
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
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.
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.
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.

2. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Thomas Chappell Address: 1006 Merylinger Court	Franklin, TN. 37067
/ice Chairman:	
Address:	
Director:	ا المقتلم المراجع المتحقق المراجع المتحقق المتحقق المتحقق المتحقق المتحقق المتحقق المتحقق المتحقق المتحقق المت المتحقق المتحقق المتحق
Director:	ラ当 ~
Address:	
resident: Thomas Chappell address: 1006 Merylinger Collet F	anklin, TN. 37067
Tice President: Charles F. Smith Tr.	
ddress: 1006 Merylinger Court Fra	anklin, TN. 370107
ecretary: Carrie Davis	
ddress: 1006 Merylinger Caurersurer: Carril Davis	+ Franklin, TNI. 37067
ddress: 1000 Merylinger Court F	ranklin, TN. 37067
OTE: If necessary, you may attach an addendum to the application 3. (Signature of Director or Officer listed in number)	
ii V	

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

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 04/30/2009 REQUEST NUMBER: 09120529 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/19/1981 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL

CONTROL NUMBER: 0108891 JURISDICTION: TENNESSEE

TO: CHAPPELL SMITH & ASSOCIAT ES 1006 MERYLINGER CT REQUESTED BY: CHAPPELL SMITH & ASSOCIAT ES 1006 MERYLINGER CT

FRANKLIN, TN 37067

FRANKLIN, TN 37067

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

09 MAY 15 AM 9: 27
ALLAHASSEE FLORID

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/30/09

RECEIVED:

FEES \$20.00

\$0.00

FROM: CHAPPELL SMITH & ASSOCIATES (FRANKLIN) PO BOX 681209

TOTAL PAYMENT RECEIVED:

\$20.00

FRANKLIN, TN 37068-1209

RECEIPT NUMBER: 00004586909 ACCOUNT NUMBER: 00036218



TRE HARGETT SECRETARY OF STATE