

F09000004629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

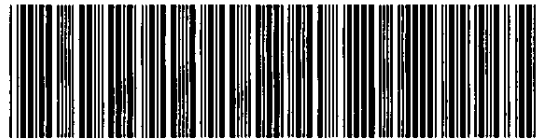
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300162641673

11/23/09 -01051--002 **70.00

APPROVED
AND
FILED

09 NOV 23 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Reliance Insurance Brokers, 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," or "Certificate of Good Standing" 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:

Anne Heath
Name of Person

Firm/Company

131 Dutchman Blvd.
Address

Irmo, SC 29063
City/State and Zip code

Anne.Heath@appund.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Heath at (865) 425-7461
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 Cop ☐ \$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. Reliance Insurance Brokers, 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. South Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/24/2009 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. 131 DUTCHMAN BLVD IRMO SC 29063
(Principal office address)

131 Dutchman Blvd, Irmo, SC 29063
(Current mailing address)

8. Insurance Sales
(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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation . Florida 33324
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 23 PM 4:20

APPROVED
AND
FILED

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.

Michael Seraphin Michael Seraphin Asst. Secretary
(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: Robert J. Arrowood

Address: 8DD Oak Ridge Tnpk # A-10DD, Oak Ridge, TN 37830

Vice Chairman: _____

Address: _____

Director: Mark K. Patterson

Address: 8DD Oak Ridge Tnpk # A-10DD, Oak Ridge, TN 37830

Director: _____

Address: _____

B. OFFICERS

President: Robert J. Arrowood

Address: 8DD Oak Ridge Turnpike # A-10DD
Oak Ridge, TN 37830

Vice President: _____

Address: _____

Secretary: Mark K. Patterson


Address: 8DD Oak Ridge Turnpike # A-10DD, Oak Ridge, TN 37830

Treasurer: _____

Address: _____

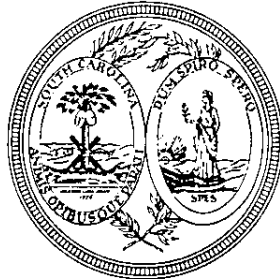
APPROVED
AND
FILED
09 NOV 23 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. ROBERT J ARWOOD PRESIDENT
(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

09 NOV 23 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Existence

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

RELiance INSURANCE BROKERS, INC.,
a corporation duly organized under the laws of the State of South Carolina on July 24th, 2009, 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
23rd day of October, 2009.


Mark Hammond, Secretary of State