# F09000004950

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(Address)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 14 2009 D. A. WHITE

W.H.L. WOODYARD IV
President



#### Central Licensing Bureau, Inc. 1501 NORTH UNIVERSITY

SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centralicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

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2009 DEC 11 P 4: 14

SECRETARY OF STATE TALLAHASSEE. FLORIDA

December 8, 2009

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **The Evans Agency, Inc.** to transact business in your state.

I trust this letter and the enclosed documents place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Brenda Anthony

Corporate Qualification Division

/bsa

**Enclosures** 

#### **COVER LETTER**

#### FILED

2009 DEC 11 P #: 14 TO: **New Filing Section** Division of Corporations SECRETARY OF STATE The Evans Agency, Inc. SUBJECT: (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: Brenda Anthony (Name of Person) Central Licensing Bureau (Firm/Company) 1501 North University, Suite 550 (Address) Little Rock, AR 72207 (City/State and Zip code) For further information concerning this matter, please call: **Brenda Anthony** (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS: New Filing Section** New Filing Section Division of Corporations 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 \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of co		4,6 °C
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.  """COMPANY," "CORPORATION,"  adopted for the purpose of transacting business in Florida)
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
New York	3	16-1578046
State or country i	under the law of which it is incorporated)	(FEI number, if applicable)
10/28/1999	5.	perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Upon Issuance		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
16 North Main S	street; Angola, NY 14006	702, F.S., to determine penanty hability)
	(Principal office add	ress)
16 North Main S	Street; Angola, NY 14006	
	(Current mailing add	ress)
	f insurance functioning as an insurance ag	
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)
Name and street	t address of Florida registered agent: (P.C	). Box <u>NOT</u> acceptable)
Name:	NRAI Services, Inc.	
	2731 Executive Park Dr., Ste 4	<del></del>
ffice Address:	2731 Executive Falk Dr., Ste 4	<del></del>
	Weston	, Florida 33331
	(City)	(Zip code)

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:

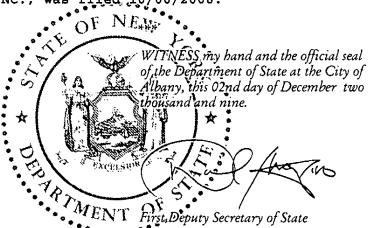
A. DIRECTORS	FILED
Chairman:	2009 DEN .
Address:	SECRETARY OF THE
	SECRETARY OF STATE
Vice Chairman:	LURIDA
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Robert G. Miller	
Address: 16 North Main Street	
Angola, NY 14006	
Vice President: vacant	
Address:	
David J. Nasca	· · · · · · · · · · · · · · · · · · ·
Address: 16 North Main Street; Angola, NY 14006	
William Glass Treasurer:	
Address: 16 North Main Street: Angola, NY 14006	
NOTE: If necessary, you may attach an addendum to the a	
(Signature of Director or Officer lists  Robert G. Miller, President	ed in number 12 of the application)
(Typed or printed name and capaci	ty of person signing application)

## State of New York Department of State ss:

I hereby certify, that the Certificate of Incorporation of THE EVANS AGENCY, INC. was filed on 10/28/1999, under the name of M & W AGENCY, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment M & W AGENCY, INC., changing its name to ENB INSURANCE AGENCY, INC., was filed 08/25/2004.

A Certificate of Amendment ENB INSURANCE AGENCY, INC., changing its name to THE EVANS AGENCY, INC., was filed 10/06/2008.



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SECRETARY OF STATE
AND ANSSEE, FLORIDA