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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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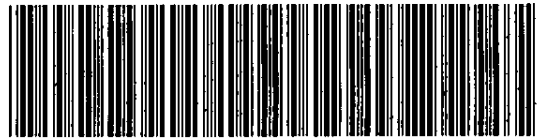
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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60-48-41
2009

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Cate-Russell Insurance, 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:

Leslie L. Cate
Name of Person
Cate-Russell Insurance, Inc.
Firm/Company
415 High St.
Address
Maryville, TN 37804
City/State and Zip code
info @ caterussell.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenda Nichols at (865) 982-4111
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 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. Cate-Russell Insurance, 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. Tennessee 3. 62-1175612
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/04/1983 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 415 High St. Maryville, TN 37804
(Principal office address)

415 High St. Maryville, TN 37804
(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: In Corp Services, Inc.

Office Address: 1788 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Janice Spull 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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Leslie L. Cate

Address: 415 High St.

Maryville, TN 37804

Vice President: Mark A. Russell

Address: 415 High St.

Maryville, TN 37804

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Julie L. Cate

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

14. Leslie L. Cate, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

CATE-RUSSELL INSURANCE, INC
415 HIGH ST
Maryville, TN 37804 USA

December 11, 2009

Request Type: Certificate of Existence/Authorization
Request #: 0004441

Issuance Date: 12/11/2009
Copies Requested: 1

Document Receipt

Receipt #: 28896
Payment-Check/MO - CATE-RUSSELL INSURANCE, INC, Maryville, TN
Filing Fee: \$20.00
\$20.00

Regarding: CATE-RUSSELL INSURANCE, INC.

Filing Type: Corporation For-Profit - Domestic

Charter/Qualification Date: 08/04/1983

Status: Active

Duration Term: Perpetual

Control #: 131472

Date Formed: 08/04/1983

Jurisdiction: Blount County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

CATE-RUSSELL INSURANCE, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett
Tre Hargett, Secretary of State
Business Services Division

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CLERK OF STATE
OF TENNESSEE, FLORIDA