

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ARMED FORCES INSURANCE AGENCY, 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:

ARLEN L BRIGGS, TREASURER

(Name of Person)

ARMED FORCES INSURANCE AGENCY

(Firm/Company)

550 EISENHOWER ROAD

(Address)

LEAVENWORTH, KS 66048

(City/State and Zip code)

For further information concerning this matter, please call:

ARLEN L BRIGGS

(Name of Person)

at (913) 727-4303

(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

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SECRETARY OF
DIVISION OF CORPORATIONS

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. ARMED FORCES INSURANCE AGENCY, 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. KANSAS 3. 48-1218670
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 30, 1999 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. 550 EISENHOWER ROAD, LEAVENWORTH, KS 66048
(Principal office address)

550 EISENHOWER ROAD, LEAVENWORTH, KS 66048
(Current mailing address)

8. PROPERTY & CASUALTY INSURANCE AGENCY 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: John D. Hatch, Esq.

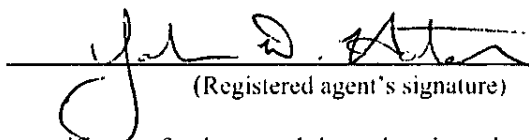
Office Address: 1267 Berkshire Lane, Suite 200

Tarpon Springs, Florida 34688
(City) (Zip code)

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SECRETARY OF STATE
DIVISION OF CORPORATE RECORDS

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.


(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

SECRETARY OF STATE
DIVISION OF CONSTITUTIONAL AFFAIRS

Chairman: William I. James

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Address: 6517 N.W. Hidden Valley Rd

Parkville, MO 64512

Vice Chairman: _____

Address: _____

Director: Mike T. Nixon

Address: 828 S. Valley Drive

Lansing, KS 66043

Director: Arlen L. Briggs

Address: 25562 183rd Street

Leavenworth, KS 66048

B. OFFICERS

President: William I. James

Address: 6517 N.W. Hidden Valley Rd

Parkville, MO 64512

Vice President: _____

Address: _____

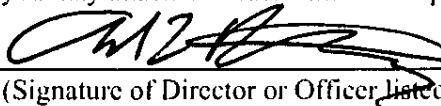
Secretary: Mike T. Nixon

Address: 828 S. Valley Drive, Lansing KS 66043

Treasurer: Arlen L. Briggs

Address: 25562 183rd Street, Leavenworth, KS 66048

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. Arlen L. Briggs, Treasurer
(Typed or printed name and capacity of person signing application)

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
CHRIS BIGGS

PHILL
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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To all to whom these presents shall come, Greetings:

I, CHRIS BIGGS, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: ARMED FORCES INSURANCE AGENCY, INC.

Structure: KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 2753234

Was filed in this office on June 30, 1999 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 12 of May , 2010.

CHRIS BIGGS
SECRETARY OF STATE

Certificate ID: 295584 - To verify the validity of this certificate please visit <https://www.accesskansas.org/businessentity/validate.html> and enter the certificate ID number.