

F100000003705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

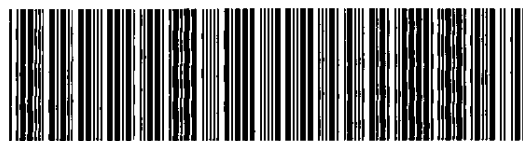
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/10--01026--010 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

VIN
10-25105



111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
tel: 254.729.8002
licensing@ilsainc.com

July 20, 2010

Region Code 206

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

Ref: Application for Certificate of Authority

We are filing the following documents on behalf of **LifeStore Insurance Services, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check # 109439 i/a/o \$70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Cara L. Mose

Cara L. Mose
Corporate Qualifications Specialist
P.O. Box 390
111 N. Railroad St.
Groesbeck, TX 76642
Ph: 254*729*6107
Fax: 254*729*8069
cmose@ilsainc.com

11757

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LifeStore Insurance Services, 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:

Cara L. Mose

Name of Person

Insurance Licensing Services of America, Inc.

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip code

DWatson@golifystore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cara L. Mose

Name of Person

at (254) 729-6107

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

12082



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2010

CARA L. MOSE
P.O. BOX 390
GROESBECK, TX 76642

SUBJECT: LIFESTORE INSURANCE SERVICES, INC.
Ref. Number: W10000035195

We have received your document for LIFESTORE INSURANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 610A00018190

**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. LifeStore Insurance Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LifeStore Insurance Services, Inc. of NC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 562003517
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/23/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 206 S. Jefferson Avenue, West Jefferson, NC 28694
(Principal office address)
- P.O. Box 825, West Jefferson, NC 28694
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

William M. Edrington
(Registered agent's signature)

William M. Edrington
Authorized Representative

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joseph T. Brown III

Address: 206 S. Jefferson Avenue

West Jefferson, NC 28694

Vice Chairman: None

Address: _____

Director: Pamela S. Fisher

Address: 206 S. Jefferson Avenue

West Jefferson, NC 28694

Director: Melanie P. Miller

Address: 206 S. Jefferson Avenue

West Jefferson, NC 28694

B. OFFICERS

President: Joseph T. Brown III

Address: 206 S. Jefferson Avenue

West Jefferson, NC 28694

Vice President: Pamela S. Fisher

Address: 206 S. Jefferson Avenue, West Jefferson, NC 28694

206 S. Jefferson Avenue, West Jefferson, NC 28694

Secretary: Melanie P. Miller

Address: 206 S. Jefferson Avenue, West Jefferson, NC 28694

Treasurer: None

Address: See Attached List

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

13. Joseph T. Brown III

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

14. Joseph T. Brown III / President, Director, Chairman

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

APPROVAL
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Officer/Director List

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ann M. Ashman / Senior Vice President, Director
206 South Jefferson Ave.
West Jefferson, NC 28694

Donna B. Watson / Vice President, Director
206 South Jefferson Ave.
West Jefferson, NC 28694

Brianna P. Houck / Assistant Secretary, Director
206 South Jefferson Ave.
West Jefferson, NC 28694

Robert E. Washburn / Director
206 South Jefferson Ave.
West Jefferson, NC 28694



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

LIFESTORE INSURANCE SERVICES, INC.

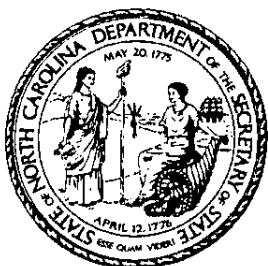
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of October, 1996, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of July, 2010.

Elaine F. Marshall

Secretary of State