

F100000004197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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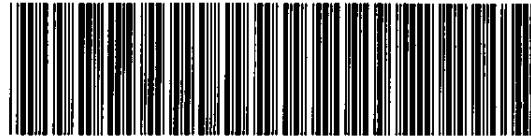
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SMITH 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," 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:

KRISTY RECKER

Name of Person

GOSLING & COMPANY, P.C.

Firm/Company

217 N. FRANKLIN ST.

Address

MANCHESTER, IA 52057

City/State and Zip code

kristy.recker@goslingcpa.com

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

For further information concerning this matter, please call:

KRISTY RECKER

Name of Person

at (563) 927-4810

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. SMITH AGENCY INC.

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

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

2. IOWA

(State or country under the law of which it is incorporated)

3. 42-0861406

(FEI number, if applicable)

4. 01/01/1962

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. HAVE NOT HAD ANY

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

7. 601 1ST ST. W., INDEPENDENCE, IA 50644

(Principal office address)

601 1ST ST. W., INDEPENDENCE, IA 50644

(Current mailing address)

8. CORPORATION OWNS A PROPERTY IN FLORIDA AND PLANS TO RENT THIS PROPERTY OUT.

(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: IRENE BUTTERFIELD

Office Address: 14541 SHERBROOK #207

FORT MYERS


(City)

, Florida 33912

(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.


(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: N/A

Address:

Vice Chairman: N/A

Address:

Director: CLAUDE E. SMITH JR.

Address: 306 14TH AVE. SE, INDEPENDENCE, IA 50644

Director: LORI DONNELLY

Address: 401 14TH AVE. SE, INDEPENDENCE, IA 50644

B. OFFICERS

President: CLAUDE E. SMITH JR.

Address: 306 14TH AVE. SE, INDEPENDENCE, IA 50644

Vice President: N/A

Address:

Secretary: LORI DONNELLY

Address: 401 14TH AVE. SE, INDEPENDENCE, IA 50644

Treasurer: DEBRA WELK

Address: 307 WOODCREEK LANE, MUSCATINE, IA 52761

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. CLAUDE E. SMITH JR.

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

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SECRETARY OF STATE

Date: 8/30/2010

CERTIFICATE OF EXISTENCE

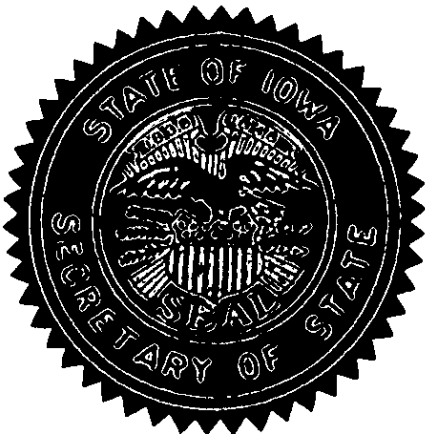
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Name: SMITH AGENCY INC. (490 DP - 37784)

Date of Incorporation: 12/13/1961

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



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