F11000000555

(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



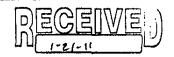
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01/27/11--01009--021 **87.70

W1-5807



Burch FEB 9.2011



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Centennial Insurance	Agency Inc.
Name of corp	oration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporati	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Robin Hoelscher	
Na	ime of Person
Centennial Bank	
Fire	n/Company
PO Box 966	
X	Address
Conway, AR 72033	
City/	State and Zip code
rhoelscher@my100bank.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	dease call:
Robin Hoelscher at (5	01 328-4758
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee &	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee Certificate of Status	Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2011

ROBIN HOELSCHER PO BOX 966 CONWAY, AR 72033 RECEIVED FEB - 8 2011

Letter Number: 811A00002556

SUBJECT: CENTENNIAL INSURANCE AGENCY, INC.

Ref. Number: W11000005807

We have received your document for CENTENNIAL INSURANCE AGENCY, INC. and your check(s) totaling \$87.70. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return 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) 245-6928.

Tim Burch Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			man mayor make a systematic to the last to	eremon parent.
IN COMPLIANCE	E WITH SECTION 607.1503, FLORID.	A STATUT	ES, THE FOLLOWING IN SUBMI	TILD, O
KEGISTERAFO	REIGN CORPORATION TO TRANSAC	, I BUNINE	END IN THE STATE OF PLOKIES	
Centennial In	surance Agency, Inc.			200 E
(Enter name of c	orporation; must include "INCORPORAT	ED," "CON	APANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			13/2
				5,51
				#
(If name unavail	uble in Florida, enter alternate corporate na	ime adopted	for the purpose of transacting busine	ss in Florida)
2. United States	Artonsas	3 71-0	841082	
State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)	
a, 05/18/2000	000 s Perpetual		etual	
Date	of incorporation)	(Dura)	fion: Year corp, will cease to exist or	"perpetual")
6,				
	(Date first transacted busine			
	(SEE SECTIONS 607.1501 & 60	7.1502, F.S	., to determine penalty liability)	
7. 73 Avenue	E, Apalachicola, FL 32320			
	(Principal office	address)		
PO Box 96	66, Conway, AR 72033			
American de Partir Communication American Americ	(Current mailing	address)	**	
_{s.} Insurance	Agency			
	of corporation authorized in home state of	or country to	be carried out in state of Florida)	
Name and stree	et address of Florida registered agent: (P O Box	NOT accentable)	
		, , , , , , , , , , , , , , , , , , , ,		
Nume:	Tim Sparks			
Office Address:	73 Avenue E.			
	Apalacicola	1	Plantida 32329	
	(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.

(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; Director, Tracy French Address: 78 Greystone Blvd Cabot, AR 72023 Director: Bud Shock Address: PO Box 88 Cabot, AR 72023 **B. OFFICERS** President: Tim Sparks Address, 162 Turner Beebe, AR 72012 Vice President: Address: Secretary: Samantha Cohea Address: 71 Hudson Branch Dr. Austin, AR 72007 Treasurer. NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Tim Sparks, President

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



Arkansas Secretary of State Mark Martin

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409



Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CENTENNIAL INSURANCE AGENCY, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office May 18, 2000.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 20th day of January 2011.

Mark Martin

Secretary of State

Online Certificate Authorization Code: 17285a4075e3bfb

To verify the Authorization Code, visit sos.arkansas.gov