

F11000000555

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(Address)

(Address)

(City/State/Zip/Phone #)

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

W11-5807

SECRETARY OF STATE
FEB 8 2011

2011 FEB -8 PM 4:41

FILED

Burch FEB 9 2011



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Centennial 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," 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:

Robin Hoelscher

Name of Person

Centennial Bank

Firm/Company

PO Box 966

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, please call:

Robin Hoelscher

Name of Person

at (501) 328-4758

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



RECEIVED
2-3-11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2011

ROBIN HOELSCHER
PO BOX 966
CONWAY, AR 72033

RECEIVED FEB - 8 2011

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

Letter Number: 811A00002556

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. Centennial 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. United States

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

3. 71-0841082

(FEI number, if applicable)

4. 05/18/2000

(Date of incorporation)

5. Perpetual

(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. 73 Avenue E, Apalachicola, FL 32320

(Principal office address)

PO Box 966, Conway, AR 72033

(Current mailing address)

8. Insurance Agency

(Purposes) 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: Tim Sparks

Office Address: 73 Avenue E.

Apalachicola

(City)

Florida 32329

(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.

X Tim Sparks
(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: 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: _____

Address: _____

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

13. 

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)

FILED
2011 FEB -8 PM 4:41
STATE OF ARKANSAS
TALAMON



**Arkansas Secretary of State
Mark Martin**

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

FILED
2011 FEB -8 PM 4: 41
STATE
CLERK
OFFICE

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

Mark Martin
Secretary of State

Online Certificate Authorization Code: 17285a4075e3bfb

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