

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
GROUP INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
11 FEB 21 PM 4:14
DIVISION OF CORPORATIONS

FILED
11 FEB 21 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS 2/22

Electronic Filing Menu

Corporate Filing Menu

Help

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

Tennessee Group Insurance Services, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 9, 1964 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. 1 Cameron Hill Circle, 1.5, Chattanooga, Tennessee 37402
(Principal office address)

1 Cameron Hill Circle, 1.5, Chattanooga, Tennessee 37402
(Current mailing address)
8. Insurance agency providing group life insurance and other insurance coverage and products.
(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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORSChairman: Vicky GreggAddress: 1 Cameron Hill Circle, 1.5
Chattanooga, TN 37402

Vice Chairman: _____

Address: _____

Director: Steve CoulterAddress: 1 Cameron Hill Circle, 1.5
Chattanooga, TN 37402Director: John GiblinAddress: 1 Cameron Hill Circle, 1.5
Chattanooga, TN 37402**B. OFFICERS**President: Henry SmithAddress: 1 Cameron Hill Circle, 1.5
Chattanooga, TN 37402Vice President: Cheryl WilloughbyAddress: 1 Cameron Hill Circle, 1.5
Chattanooga, TN 37402Secretary: Shelia ClemonsAddress: 1 Cameron Hill Circle, 1.5, Chattanooga, TN 37402Treasurer: Danny TimblinAddress: 1 Cameron Hill Circle, 1.5, Chattanooga, TN 37402

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

13. Henry Smith, President

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. Henry Smith

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA**STATE OF TENNESSEE****Tre Hargett, Secretary of State**

Division of Business Services

William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102**CFS**992 DAVIDSON DRIVE
SUITE B
Nashville, TN 37205

February 17, 2011

Request Type: Certificate of Existence/Authorization

Request #: 0032134

Issuance Date: 02/17/2011

Copies Requested: 1

Document Receipt

Receipt #: 346765

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

Regarding: GROUP INSURANCE SERVICES, INC.

Filing Type: Corporation For-Profit - Domestic

Control #: 13428

Formation/Qualification Date: 01/09/1964

Date Formed: 01/09/1964

Status: Active

Formation Locale: Hamilton County

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

GROUP INSURANCE SERVICES, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent corporation annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick