F11000001428

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(C:	JOLAN IT'M (Dham	- 40
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(100	cument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer	
Special instructions to	Filling Officer.	
,		
WO C00	7 0	
	Office Use On	ly



100199801001

04/01/11--01016--030 **70.00

2011 APR -1 PH 4: 41

I Burch ARR -4 2011

COVER LETTER

Division of Corporations
SUBJECT: Steve Dare Agency Incorporated
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:
Traci Houston - ILSA
Name of Person
Insurance Licensing Services of America, Inc
Firm/Company
111 N. Railroad
Address
Groesbeck, TX 76642
City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-man address: (to be used for future aimual report notification)
For further information concerning this matter, please call:
TD 111 4 11 GA 254 1 700 (157
Traci Houston - ILSA at (254) 729-6157 Name of Person 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 \$\bigcup \text{\$78.75 Filing Fee & }\bigcup \text{\$78.75 Filing Fee & }\bigcup \text{\$87.50 Filing Fee, }\text{Certificate of Status & Certified Cop & Certificate Copy}

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	gency Incorporated		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D." "COMPAN	Y." "CORPORATION."
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for th	ne purpose of transacting business in Florid
•	NC 3	.	562200833
(State or country	NC under the law of which it is incorporated)		(FEI number, if applicable)
. 06/2	0/2000	. .	Perpetual
(Date	of incorporation)	(Duration: \	Year corp. will cease to exist or "perpetual"
	Upon Qua	alification	
	(Date first transacted business		
	(SEE SECTIONS 607.1501 & 607.	1502, F.S., to de	etermine penalty liability)
	604 Kings Trail Drive; Su	nset Beach. I	NC 28468
•	(Principal office ac		
	P O Box 8230;Ocean Is	le Beach, NC	C 28469
•	(Current mailing ac		
· <u>.</u>	Non-Resident Insurar		
(Purpose(s	s) of corporation authorized in home state or	country to be ca	arried out in state of Florida)
. Name and stree	et address of Florida registered agent: (P	.O. Box NOT	_acceptable)
	Corporation Service Company		
Name:			
	1201 Hays Street		
Name: Office Address:	•	, Florid	_{la} 32301

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
Authorized Representative

(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:	700
Vice Chairman: N/A	- R
Address:	
	en en anne
Director: N/A	<u> </u>
Address:	
Director: N/A	
Address:	
B. OFFICERS	. ,
President: Stephen Dare	•
Address: 604 Kings Trail Drive; Sunset Beach, NC 28468	•
Vice President: N/A	
Address:	
Secretary: N/A	
Address:	
Treasurer: N/A	
Address:	•
NOTE: If necessary, you may attach an addendum to the application listing addition	al officers and/or directors.
13. X Selle are	
(Signature of Director or Officer listed in number 12 of the app	olication)

Stephen Dare- President
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

MI ARR -1 PM

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

STEVE DARE AGENCY INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of June, 2000, 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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of March, 2011.

Elaine I. Marshall