

Leuchter, 6 2011.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Evergreen Insurance Managers, 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:

Darcy Gunnell

Name of Person

Dunn Carney Allen Higgins & Tongue LLP

Firm/Company

851 SW Sixth Ave., Ste. 1500

Address

Portland, Oregon 97204

City/State and Zip code

nschultz@evergreeninsmgrs.com

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

For further information concerning this matter, please call:

Darcy Gunnell

Name of Person

at (503) 417-5463

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.*

FILED
2011 JUL -5 PM 4:38
TALLAHASSEE, FLORIDA

1. Evergreen Insurance Managers, 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. Oregon

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

3. 20-5870574

(FEI number, if applicable)

4. November 2, 2006

(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. 5293 NE Elam Young Pkwy, Ste. 160, Hillsboro, OR 97124

(Principal office address)

5293 NE Elam Young Pkwy, Ste. 160, Hillsboro, OR 97124

(Current mailing address)

8. Insurance management

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.



Cameron Cullen, Asst Secretary

(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

Director: Dyan Bates

Address: 5293 NE Elam Young Pkwy, Ste. 160
Hillsboro, OR 97124

Director: Nancy Schultz

Address: 5293 NE Elam Young Pkwy, Ste. 160
Hillsboro, OR 97124

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dyan Bates

Address: 5293 NE Elam Young Pkwy, Ste. 160
Hillsboro, OR 97124

Vice President: Nancy Schultz

Address: 5293 NE Elam Young Pkwy, Ste. 160
Hillsboro, OR 97124

Secretary: Nancy Schultz

Address: 5293 NE Elam Young Pkwy, Ste. 160, Hillsboro, OR 97124

Treasurer: Nancy Schultz

Address: 5293 NE Elam Young Pkwy, Ste. 160, Hillsboro, OR 97124

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. Dyan Bates, President

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

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

EVERGREEN INSURANCE MANAGERS, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

November 2, 2006

and is active on the records of the Corporation Division as of
the date of this certificate.



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

By

Tange L. Auterson

Tange L. Auterson

June 17, 2011

FILED
2011 JUL -5 PM 4:36