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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

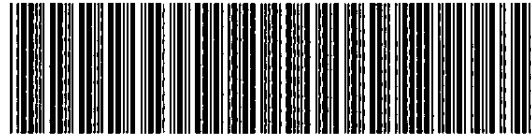
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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PS 8/10/11



111 N. Railroad St  
P. O. Box 390  
Groesbeck, TX 76642  
tel 254.729.8002  
licensing@ilsainc.com

August 4, 2011

Florida Secretary of State  
Division of Corporations - Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir/Madam:

**Ref: Application for Certificate of Authority**

We are filing the following documents on behalf of R. M. Stephens & Co. Incorporated

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check # 8633 - \$70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Cara L. Mose*

Cara L. Mose  
Corporate Qualifications Specialist  
P.O. Box 390 (standard)  
111 N. Railroad St. (overnight)  
Groesbeck, TX 76642  
Ph: 254\*729\*6107  
Fax: 254\*729\*8069  
[cmose@ilsainc.com](mailto:cmose@ilsainc.com)

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** R. M. Stephens & Co. 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:

Cara L. Mose

Name of Person

Insurance Licensing Services of America, Inc

Firm/Company

111 N. Railroad

Address

Groesbeck, TX 76642

City/State and Zip code

Rhonda@rmstephens.com

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

For further information concerning this matter, please call:

Cara L. Mose

Name of Person

at ( 254 ) 729-6107

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 Cop    ☐ \$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.

1. **R. M. Stephens & Co. Incorporated**

(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. New York 3. 131345400  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/1923 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25 West 45Th Street, Suite 507, New York, NY 10036-4902  
(Principal office address)

25 West 45Th Street, Suite 507, New York, NY 10036-4902  
(Current mailing address)

8. Non-Resident Insurance Agency for Profit  
(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

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DIVISION OF CORPORATIONS  
11 AUG - 9 PM 1:44

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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DIVISION OF CORPORATIONS

11 AUG -9 PM 1:44

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Bryan Stephens

Address: 25 West 45Th Street, Suite 507, New York, NY 10036-4902

Director: Craig Stephens & Russell Stephens

Address: 25 West 45Th Street, Suite 507, New York, NY 10036-4902

**B. OFFICERS**

President: Roy Stephens

Address: 25 West 45Th Street, Suite 507, New York, NY 10036-4902

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. x B. Stephens

(Signature of Director or Officer listed in number 12 of the application)

14. BRYAN STEPHENS VICE-PRESIDENT

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

**State of New York**  
**Department of State** } ss:

11 AUG -9 PM 1:43

I hereby certify, that the Certificate of Incorporation of R. M. STEPHENS & CO. INCORPORATED was filed on 12/22/1923, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 18th day of May two  
thousand and eleven.*

*First Deputy Secretary of State*