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COVER LETTER

TO:	New Filing Section Division of Corporations		
SHRJI	ECT: AFIC Administrators, Inc.		
3000	Name of corporation - must include suffix		-
Dear Si	ir or Madam:		
"Certifi	closed "Application by Foreign Corporation for Authorization to Transact Business in Florificate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.		
Please	return all correspondence concerning this matter to the following:		
Carlt	on Hines		
	Name of Person		_
AFIC	C Administrators, Inc.		
	Firm/Company		_
5722	2 I-55 North Frontage Road		
	Address		-
Jack	son, MS 39211		
	City/State and Zip code		_
carlto	on.hines@morganwhite.com		
	E-mail address: (to be used for future annual report notification)		_
For fur	ther information concerning this matter, please call:		
Carlte	on Hines at (601) 956-2028		
	Name of Person Area Code & Daytime Telephone Number	7011	
		SE.	žC
	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	2011 SEP -2 PH 3: 05	ET THELF .
Enclose	ed is a check for the following amount:		
□ \$7	70.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$	f Status	: &

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.

AFIC Adminis	strators, Inc. corporation; must include "INCORPORATED,"	""COMPANY" "COPPORATION"	
"Inc.," "Co.," "C	forp," "Inc," "Co," or "Corp.")	COMPANT, CORPORATION,	
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business	s in Florida)
. Mississippi	3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
i. <u>10/28/2002</u>		perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")
s. <u>9/15/2011</u>			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
. 5722 L55 N	North Frontage Road, Jackson,	• • •	
. 31 22 1-33 1	(Principal office addr		
PO Box 14	1067, Jackson, MS 39236	,	
. O BOX 1	(Current mailing addr	ess)	
<u>Insurance</u>		·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Purpose(s	s) of corporation authorized in home state or cou	untry to be carried out in state of Florida)	Ξ
9. Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	UII SEP -2
Name:	CT Corporation System		2
	-		PH
Office Address: 1200 S Pine Island Road			မှ
	Plantation	, Florida 33324	3: 05
	(City)	(Zip code)	,

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.

(Registered agent's signature)

Kimberly Breunling
Assistant Secretary

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/o	r directors: FILEU FORT JOY OF 1 PT SIVISIUN OF CORPORATION
A. DIRECTORS	Statistica of Covernmental
Chairman: See attached	2011 SEP −2 PM 3: U5
Address:	
Vice Chairman:	
Address:	
B. OFFICERS	
President: See attached	
Address:	
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. Signatur	
The officer of director signing this document (and w	ation submitted in a document to the Department of State constitutes a
14. Richard L. Eaton, Secretary	
(Typed or printed name and	capacity of person signing application)

MORGAN-WHITE RISK MANAGERS, INC.

OFFICERS/DIRECTORS LIST

David R. White President/Director 5722 I-55 N. Frontage Rd Jackson, MS 39211

John J. Morgan Vice-President/Director 5722 I-55 N. Frontage Rd Jackson, MS 39211

Richard L. Eaton Secretary/Director 5722 I-55 N. Frontage Rd Jackson, MS 39211

Ryan L. Eaton Vice-President/Director 5722 I-55 N. Frontage Rd Jackson, MS 39211

Jason Peets Vice-President/Director 5722 I-55 N. Frontage Rd Jackson, MS 39211 ONVISION OF LUMPONANA

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 28, 2002, the State of Mississippi issued a Charter/Certificate of Authority to:

AFIC ADMINISTRATORS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office July 20, 2011

(Dellet Hosemann, dr.

C. Delbert Hosemann, Jr. Secretary of State

