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SECRETARY OF STATE

MRD/19

COVER LETTER

TO:		ling Secon of Cor	tion porations					
SUBJI	ECT:	CAR	OLINA	LWDERV	VRITERS	INSURAN	ICE AGEN	Y INC.
	_			Name of corp	oration - mu	st include suffix		/
Dear S	ir or Mac	dam:						
"Certif	icate of E	Existence	e," or "Cer		od Standing"	orization to Trans and check are su Florida.		
Please	return all	l corresp	ondence co	oncerning this	s matter to the	e following:		
	JACK	SHI	9W					
				N	ame of Perso	n	,	
(CAROL	INA	UNDE	LWAITE	RS			
	 				m/Company		· · · · · · · · · · · · · · · · · · ·	
/	0.0.	Box	2750					
					Address			
	MATT	HEW	S, NC	28/0	6			
				City	Diale and 21		,	
J	SHAV	Na	CAROL	INA UND	ERWRITE	EKS . NET ture annual report		
	····		E-mail	address: (to b	e used for fut	ture annual report	notification)	•
For fur	ther info	rmation	concerning	this matter, p	please call:			
J	Act s		/	at (704)	849 – 80 8 & Daytime Telepl	10	
	Name o	of Person	1		Area Code	& Daytime Telepl	hone Number	
			•	JSHAWW	CAROLIN	IAUNDERWRI	TEM. NET	
	New Fil Division Clifton 2661 Ex	ling Sect n of Corp Building	oorations ; Center Cir			MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27	
Enclose	ed is a ch	eck for t	he followi	ng amount:				
\$7	0.00 Fili	ng Fee	\$78.7 Certi	5 Filing Fee & ficate of Statu	%	.75 Filing Fee & tified Copy	\$87.50 F Certificat Certified	te of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,

1. CAROLINA (Enter name of corp.)	UNDER WRITERS 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. NOATH CA	Is the law of which it is incorporated) 3. S6-1889753 (FEI number, if applicable)
(State or country und	or the law of which it is incorporated) 3. 36 - 1007 / 35 (PEI number, if applicable)
4. 10-1-9	5. PERPETALL incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of	incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	PROPOSET 1-1-12
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2509 PLA	(Principal office address)
0 - 19.44	
P.O. Dex	2750 MATTHEWS, No. 28/06 (Current malling address)
	•
8. INSUR	MER PALET
(Purpose(s) of	corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street at	idress of Florida registered agent: (P.O. Box NOT acceptable)
Name:	INCOMART FLORIDA DIC.
Office Address:	INCIMART FLORIDA INC. 4865 4774 PLACE VERO BEACH, FL., Florida 32967 (City) (Zip code)
,	VERD REACH EL Blooks TOOK 72967 TO BE
• –	VERO BEACH, FL., Florida 32067 Fig. 2 (City) (Zip code)
	DATE OF
10. Registered agen Having been named:	t's acceptance: as registered agent and to accept service of process for the above stated corporation at the place
designated in this appropriate for the designated in this appropriate for the designation of the designation	plication, I hereby accept the appointment as registered agent and agree to act in this capacity. I ply with the provisions of all statutes relative to the proper and complete performance of my dutie
and I am familiar wi	th and accept the obligations of my position as registered agent.
\checkmark	\mathcal{L}
Δ_	(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

DEC. 13. 2011 8:37AM

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS FILED Chairman: JACK SHAW 11 DEC 16 PM 1:00 Address: 17303 PLAYEAS RIDGE DA. SECRETARY OF STATE TALLAHASSEE, FLORIDA CORNELIUS, NC 28031 Vice Chairman: Address: _______ Director: B. ANN SHAW Address: 17363 PLAY FOR RIDGE DR. CORNELIW, NC VBD31 Address: B. OFFICERS President: _____JACK SHAW Address: 17363 PLAYENG RIDGE DE. CORNELIES, NC 78031 Vice President: Secretary TREAS. B. ANN SHAW Address: 17303 PLAYERS RIDGE DR. Treasurer: ConNELIUS, NC 78031 Address: ____ NOTE: If necessary, you may attach an application listing additional officers and/or directors. 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 the is aware that he information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.8%, 155, R.S. (Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

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

CAROLINA UNDERWRITERS INSURANCE AGENCY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of October, 1994, 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.

DEPARTMENT OF THE PART OF THE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2011.

100 6 M 1.00

Elaine I. Marshall

Secretary of State