

F12 000 002072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

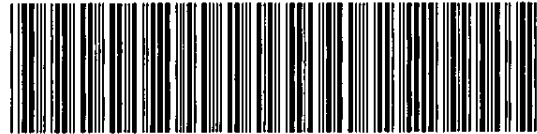
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 MAY 15 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAY 16 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: King-Phillips Insurance Agency, 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:

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)

For further information concerning this matter, please call:

Traci Houston - ILSA

Name of Person

at (254) 729-6157

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

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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. **King-Phillips Insurance Agency, 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. TX 3. 760124105
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/16/1984 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. 9494 Southwest Freeway, Suite 310; Houston, TX 77074
(Principal office address)

9494 Southwest Freeway, Suite 310; Houston, TX 77074
(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.

Rosemarie Gagliardino
(Registered agent's signature)

Rosemarie Gagliardino
Assistant VP

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

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: 9494 Southwest Freeway, Suite 310; Houston, TX 77074

Director: _____

Address: _____

B. OFFICERS

President: Edward Saldivar

Address: 9494 Southwest Freeway, Suite 310; Houston, TX 77074

Vice President: Janice Callihan

Address: 9494 Southwest Freeway, Suite 310; Houston, TX 77074

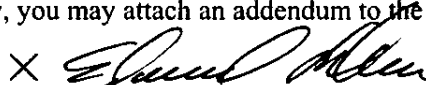
Secretary: James Hunter

Address: 9494 Southwest Freeway, Suite 310; Houston, TX 77074

Treasurer: _____

Address: _____

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

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

14. Edward Saldivar - President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

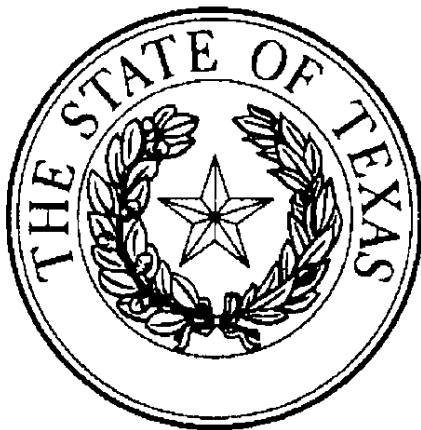
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for KING-PHILLIPS INSURANCE AGENCY, INC. (file number 71292800), a Domestic For-Profit Corporation, was filed in this office on July 16, 1984.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 20, 2012.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

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TALLAHASSEE, FLORIDA

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